

THE HOMŒOPATHIC HERALD



Vol. V.

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Dr. A. H. Grimmer, M.D.

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Vol. V.

MARCH, 1942.

No. 1.

Editorial

THE MINISTRY'S DILEMMA.

The huge exodus of the citizens of Calcutta to urban and rural areas, owing to *blitz* scare, has provided a serious problem for the Ministry of Public Health and Local Self Government. The conference of the Municipal Chairmen recently held and presided over by the Hon'ble Mr. S. K. Basu, acknowledged the gravity of the situation, although it could not come to any immediate decision as to the ways and means to be co-ordinated and adopted to solve the problem. The municipalities were not prepared for such exigency, and their funds are too meagre to cope with the prodigious demand for additional sanitary and medical arrangements imposed upon them by the colossal influx of people from the metropolis. The season for the various epidemic diseases of Bengal is fast approaching, and in some places these have already appeared to the dismay of the people and the municipal authorities. They in the moffussil cry hard for aid from the Government, while the

forecast is a big deficit in the budget of the next financial year, as it had always been in the past. The Hon'ble Minister of Public Health has therefore to find how best he can meet the situation without encumbering the Exchequer which should be left as much unburdened as possible to flow to the Defence and Munitions purposes.

The cost of additional sanitary arrangements may be met by the respective Municipalities and Union Boards from the rates which they may levy on the immigrants, these rates being on a scale sufficient to meet the wages of the additional sweepers. Perhaps these additional sweepers have to be recruited from other places, entailing the expense of their Railway fare ; and there we should have this item of expense provided from the Provincial Exchequer.

The problem of the preventive and curative treatment of diseases—epidemic, endemic or idiopathic—amongst the widely spread out immigrants, is indeed a profound perplexity. Reliable medicinal preparations, which used to come from over-seas countries, are not available today either for love or money ; the indigenous preparations which emulate them are neither prolific nor their prices within the reach of all. A moderately equipped dispensary to serve the area of each Union Board must come up to an aggregate amount which will stagger the Public Health Department. One's head reels to buy today even a phial of Quinine which is a physician's ground, air, and naval armament for carrying on his rural practice.

And there is an insidious peril in a sudden and unusually heavy requisition of medicinal preparations. In the eagerness to lift off their shoulder the load of demand and elude sharp reminders for early execution, the quantity would be fulfilled with dubious quality, staging repetition of the vaccine-scandal of the Calcutta Corporation, a tragic episode which could not have escaped the memory of the Hon'ble Minister so soon.

A still more formidable perplexity is the drafting of physicians in sufficient numbers to the urban and rural areas. Here again the question of expense is an outstanding obstacle. The experience so far gained by the Government in the matter of recruiting medical officers for military purposes is far from being encouraging. Offer of palmy salaries and handsome allowances and compensations failed to secure the expected volume of response from the invited quarters, whatever be the reason or plea. With the resources at their disposal the municipalities and Union Boards cannot be expected to spend more than a subsidy of Rs. 25/- per month plus Rs. 5/- by way of bicycle allowance for each physician ; and a monthly supply of medicine for the area under each physician should not exceed approximately Rs. 20/-. Thus, medical units of Rs. 50/- each per month may be set up, and the whole countryside may be studded with such units which will work with positive economy and efficiency that would baffle the imagination of any official medical organization founded upon needless and avoidable show and

paraphernalia. Need we explain to the Hon'ble Mr. Basu that our project is the implementing of the Homœopathic system of medicine ?

The earnest money which was stipulated before the Government would deign to think of Homœopathy, has been deposited; after three years of elbowing, yawning and napping a Faculty was framed and gazetted, but it still remains interred within the pages of the Gazette, and the Ministry have not yet condescended to exhume it and give it a life. Yet, at this time of national crisis it is the only thing that can stand by the nation and also absolve the Government of a vital responsibility. The implementing of the Faculty entails no financial liability on the Government. A handsome amount of money by way of Registration fees is assured in the first working year. In the Homœopathic Herald of May 1939 we worked out and published figures of the *non-recurring and recurring income and expenditure* of the Faculty and General Council, showing an approximate saving of Rs. 6500/- per year under the recurring heads, and a saving of Rs. 12000/- under the non-recurring (Capital) heads, besides the earnest money already in the hands of the Government. Well, if it is therefore not the question of money that stands in the way of the Ministry's implementing the Faculty at once, what else could there be to block the path ?

It is said that gangs of goblins habitually disturb the works of a devotee in his toils of spiritual advancement. It may not be improbable

that the Hon'ble Mr. Santosh Kumar Basu's office is systematically being disturbed by elves and goblins against the attainment of the Homœopathic Faculty. We are however fully confident that it is not within the power of any gang of goblins to obsess the Hon'ble Mr. Basu. His first and foremost thought goes to the good of the people and not to the appeasement of any interested species.

—O—

ROUTINE PRESCRIBING AND SYMPTOM COVERING.*

DR. F. SULZER, BERLIN, GERMANY.

Whoever thinks he has studied Homœopathy without penetrating into its spirit is soon ready to criticise. At one time the strict diet was supposed to have given the result or kind nature which helped itself, but never could the well chosen and properly potentized remedy transform sickness to health! To fight against such remonstrances with sound arguments, would be like carrying coal to Newcastle. He who understands the matter can only shrug the shoulder in comparison, for it would be "love's labor lost" to try to convert such ignorance. In order to instruct, presupposes some rudimentary knowledge of the matter in question, or at least the effort to acquire that knowledge. But both qualifications I must deny to such an opponent who knows the thing, has studied it thoroughly, and has arrived at a final conclusion," hence sapienti sat!

It is different matter with the subjects mentioned in the title of this paper. They are often slung at homœopathists, and even among our own confreres they have been voiced to

* From "Deutsche Zeitschrift für Homœopathie", March 1941.
Translator S. W. S.

brand extreme trends within the family of homœopathic physicians. The one side is supposed to work with routine, perhaps with a compendious textbook, or with the aid of a "Family Physician," the other works out the symptoms one by one and compares them with the repertory without delving into the real nature of the disease, the pathologic anatomic picture.

We do not believe that such extremes are found among real homœopathic physicians, nor do we think that such mental dullness in treating the sick leads to remarkable results, hence such ways are soon abandoned to avoid losing the patients. But a kernel of truth is contained in such reproaches, for the routine treatment is a danger, especially for the very busy physician, which might easily wreck his very best efforts. Through many and varied experiences with especially acute diseases, a certain, I might say, routine action has developed, which immediately brings to our mind the indicated remedy when we have viewed the disease picture in its essential features. And the results show us that we are usually right—until some day a case presents itself which soon demonstrates that our routine is nothing. Here we must make a "neat and clean," differential diagnosis if we are to find the simillimum.

When we come to treat a typical case of diphtheria we usually select *Apis* and *Mercurius cyanatus* (the latter highly esteemed in Germany by our school SWS) without hesitation, even though the cases differed in the beginning. The further course without doubt shows that sometimes other remedies must be consulted. We can excuse the physician, for just as in acute diseases the beginning symptoms are the least pronounced individual indications, the latter do not appear until later on. It would be senseless not to let our experience guide us to some extent, but always to consider the present case as individual for which we must first search for the simillimum. Thus in most cases of pleurisy our experience prompts us to give *Bryonia* unless fever and other symptoms demand that *Aconitum* be considered. Undoubtedly there are cases where *Bryonia* disappoints, and *Kali carbonicum* is indicated.

JAHR, who can not be accused of neglecting the symptoms, but who was called a symptom-coverer, states in his *Therapeutic Guide* page 213, after urging the use of *Aconitum* and *Bryonia* in pleurisy: "and if the severe stiching pains continue, *Kali carbonicum*, and sometimes *Kali nitricum* must be given." It is self-evident that remedies must be chosen according to strict individualisation, yet I must confess that I have often seen the action of *Kali carbonicum*, but I never could detect any indication for it in fresh cases, even though I, and especially the patient would have fared better, had we not lost valuable time by giving *Bryonia* first without results. This is where experience comes in, and a certain empiricism, based on the precepts of our *materia medica pura*, which we must not reject and which we can not very well do without.

Some years ago a very sick child came under my care after allopathic treatment. It was a case of broncho-pneumonia following capillary bronchitis. The allopathic colleague had given the gravest prognosis, which was the reason why homoeopathy was sought. There was a very detailed chart with temperature curves for every two hours; from noon till evening the temperature rose to 105 degrees. Examination disclosed fine rales on both lungs, and posteriorly on the left side I found bronchial breathing. Respiration was correspondingly increased, and the entire picture decidedly discouraging. I confirmed the grave prognosis of my predecessor unless my medicaments would soon improve the condition. I gave *Sulphur* 6x and *Phosphorus* 6x, a teaspoonful in hourly alternation. The result was surprising even to the father who took the temperature every two hours. The fever receded and was not higher in the evening than in the morning. The medication was continued and in a few days the little patient was out of danger. Who will find fault when this experience became the pattern for my future medication in broncho-pneumonia, even accompanying measles or pertussis? These remedies gave excellent results almost always, and I also employ them in severe cases of capillary bronchitis where I fear complication of broncho-pneumonia, even if there are

not any physical signs of it. I am satisfied with my results, and only wish that experience would place more such reliable healing agencies in my hands. In reality this is pure empiricism, and yet I consider the cure as genuinely homœopathic. But in very few acute conditions are we able to boast of such generalizing experiences; usually we are confronted with a number of remedies from which we have to find the simillimum, just to mention acute catarrh of the stomach, diarrhœa, sore throat, etc., for which we have to individualize carefully to be on the safe side. That the choice is not easy is mainly the reason why homœopathy is not more adopted. Of course, it is more convenient to prescribe Opium tincture for diarrhœa, or the well known cholera drops, than to find the simillimum among the many remedies.

As a matter of course an allopathic physician is antagonistic to the entire idea of homœopathy, and loath to consider that a catarrh of the stomach may be worse after bread, eggs, fatty food or ice water. It is absolutely immaterial for his action whether the stomach condition occurred after drinking milk or sour wine, but we homœopaths however have to pay close attention to these conditions for the selection of that remedy which cures the case quickly and best.

Therefore, in a certain sense routine prescribing, or better expressed, a treatment based on experience, limited empirically, is not to be rejected in homœopathy. However, we may not give empiricism free rein to the extent of some of our confreres *in partibus infidelium*, that with the name of the disease the prescription is also ready, like iron in chlorosis, salicylic acid in rheumatism, chininum or antipyrinum in fever, etc.

It remains to say something about symptom covering. That word, I will not deny it, has a disagreeable sound, and does not reflect good therapeutic thinking. Science fares even worse when I regard therapy in such a way that I put symptom against symptom and thus draw conclusions as to the correct remedy. However, matters are not that simple, for if one only counts the symptoms *without weighing them*, one fares badly. The total of the subjective and objective symptoms undoubtedly

represent the disease, and the more faithfully when all symptoms have been properly regarded. To find the simillimum for the disease, I have to search for that remedy which has the most similar symptom complex in its pathogenetic action. Hence in reality the symptoms of disease and remedy must be as much alike as possible. In other words : must cover each other. But that leaves a good deal for the thinking physician and his action, above all the recognition of the symptom complex, which is the disease itself, in order to establish the nature of the disease. Here we have to weigh well, to separate the essential from the non-essential, to arrive at a diagnosis, which not only outlines the sickness picture in sharp concepts, but also clearly accentuates in light and shadow, in color and tone the importance of all parts. To find the simillimum, the remedy has to undergo the same scrutiny, it must be similar not only in the most prominent lines, but also in light and shadow it has to correspond to the disease. Suppose I had before me a sickness with the symptoms a-b-and c, where the main tone is on a, then a remedy which has the symptoms a-b and c, but with the proving emphasis on c. This could not be the simillimum. The main symptom—a—I might find in 3, 4 or more remedies, hence they demand recognition, and I would see which one also presented—b—and possibly—c—. If I found a remedy which had—a—very prominently, but neither—b—nor—c—, then I would probably not have much success with it. At times such a remedy may give some relief, but not enough, or it might soon cease to act.

How difficult it is to find the simillimum for a certain disease. This has been the experience of every homœopathic physician, and is especially true when we deal with an old chronic illness which has been through all the branches of scientific medicine, treated with many different remedies and methods—or maltreated.

Such patients often confront us with the Latin name of their trouble, and a dissertation on pathologic-anatomic knowledge as if they were going to pass their state board examination. This is often a hard nut to crack.

In examining our *materia medica* or a symptom codex, which are absolutely necessary for consultation, we run across a string of symptoms which need sifting. We especially find gradations which one can not distinguish in concrete cases. That one can differentiate between roaring, singing, whistling, thundering, etc., in head noises, is self evident, and it is unquestionable that certain remedies cause a sharply defined category of such sounds, e. g. that one rumbles, the other tinkles, etc. This is easily explained according to which part of the inner ear or central nervous system receives the action from the remedy being proved.

In *Jahr's* Symptom Codex we find : rumbling as from water. I do not understand this, the rumbling sometimes created in water pipes when under high pressure has nothing specific, and yet, only Nitric acid has this symptom and no other kind, for which perhaps a dozen or more remedies are classified. *Millefolium* causes "a noise as from a bat" in the ear. Under rushing and buzzing we do find these same remedies. In all there are 77 varieties of ear noises. I do not deny that there are that many, but no two human beings use the same designation for what they hear. If such absurdities of our *materia medica* are not deleted, it will be difficult to convince a person of the kernel of our art.

However, I will not condemn the large number of subjective symptoms, which may look ridiculous and worthless at first. In the choice of a remedy we must attach value to general symptoms ; they undoubtedly give an important hint, which is a great help especially in chronic diseases. The patient's moods are surely a result of his bodily condition, and they vary according to which organ is disturbed. Since we do not know too much as to which organ is responsible for certain mental symptoms, we must be satisfied with the symptoms presented and accept them as expressions of, to us, unidentified causes. They are valuable to us when we know a remedy which in the proving has produced a similar state. I do not consider our conclusions too bold when we presuppose in both instances that the same organ disturbance has caused the same symptoms.

Fallacious reasoning is, of course, possible, hence we must take into consideration the other action spheres and symptoms of the remedy for a correct remedy choice. We limit the recommendation of a certain symptom as characteristic for the choice of a medicine by demanding that other symptoms also are found in this remedy, and then *that* symptom is indicative. That is why characteristic symptoms are so valuable for remedy choice. It is only to be deplored that so many of them are scattered in our literature and not sufficiently sifted. Many a characteristicum owes its recommendation only to a single observation where certainly the remedy thus indicated cured promptly. But who warrants that even that symptom was the characteristicum? Perhaps it was only a side issue, and the correct remedy chosen on something entirely different. Characteristica must have proved themselves as such in numerous instances in order to become universally recognized.

That many symptoms strike us as absurd and ridiculous should not keep us from considering them as long as they are constant proving symptoms. When a remedy under proving always produces certain symptoms, ideas, thoughts, moods, then unquestionably that points to very settled actions of it on definite organs or organ parts.

While examining our patients we often hear related subjective observations with such precision and clarity, that we like to find a remedy which has that "nonsense" in its proving. I have often looked in our materia medica for a certain subjective symptom of which the chronically sick complained in a vivid and well marked manner—not based on hysteria—and not found it under the millions of registered symptoms. Often such an expression of disease can point unmistakably to the simillimum. Permit me to report a medical history briefly which DR. AMEKE related to me.

While practicing in Wurzburg he treated a boy for pneumonia which had become chronic. Numerous physicians had taken care of him unsuccessfully and so did Dr. Ameke. No remedy seemed to help, and to the mother he confirmed the unfavorable prognosis given by the other physicians. One day

the mother said that perhaps all was futile, but could nothing be done for that awful *soapy taste* of which the boy complained. Ameke gave *Iodum*. He heard nothing further about the patient for a long time (he lived far away) until the mother after some months showed up in the office regarding some other trouble. Ameke inquired about her son, expecting to hear he had succumbed to his sickness. But the mother said : "Yes doctor, that last medicine cured him, and now he is well and happy, attending school."

My deceased father was led to Thuja through the symptom : "PERSPIRING OF UNCOVERED PARTS," and thereby cured a case of VOLVULUS which already had fecal vomiting. Without question we need the subjective as well as objective symptoms for successful therapy. Since animal experimentations give us only the latter, and those only from toxic doses, rarely from small doses even when given for a long time, they are of little value for us. At the most such experiments can give us a hint as to grouping related remedies which act predominantly on certain organs. But for differential remedy diagnosis we absolutely need precise subjective information about the *how* of the action, the associated conditions and secondary actions. Thus we always have to resort to "symptom covering."

Naturally those symptoms are the most valuable which have been made more precise by experience, or which have proved a strict action sphere. Symptoms are undoubtedly always the expression of certain pathological conditions ; the "why" which science has generally failed to explain. When a rheumatic pain, not prominent by location nor character, is one time relieved by motion, the next aggravated by motion, that is a condition which I do not think has been explained physiologically. But we homœopathists know, that in the first case *Bryonia* is indicated, in the other *Rhus toxicodendron* IF OTHER SYMPTOMS DO NOT DEMAND A DIFFERENT REMEDY. When at one time moist air and cloudy weather relieves, the next time the opposite : warm dry air with sunshine help, then we recognize the fact that we have met these conditions not **once**, but innumerable times. To which anatomical-pathological

differences of diseased organs this is due, we do not know, the scientific exponents have not yet had time or perhaps have not found it possible to explain. We have to be satisfied with "symptom covering" in order to help the poor sufferer, and we know the indicated remedies.

If we have been accused of acting as automatons, then we can conditionally admit our guilt, we are only human, and that which has been found reliable a hundred times, may not leave us in the lurch. And if we are sneered at as "symptom-coverers" that does not trouble us. Explain to us the symptoms in their pathologic and physiologic peculiarity, and we shall apply different names to these phenomena of nature.

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HEPAR SULPHUR.*

(CaS.)

Synonym : Hepar sulphuris Calcareum.

It is an impure Calcium sulphide, prepared according to Hahnemann by heating a mixture of Calcined Oyster shells and flower of sulphur, and is triturated for use. It was first proved by Hahnemann, who says of it, "I have found a very small portion of a grain of the million-fold attenuation"—3rd.—"quite sufficient, often too large for a dose." (Mat. Med. Pura).

* Pages from the MANUAL OF MATERIA MEDICA, edited by Dr. N. C. Bose. Copyright to Messrs. M. Bhattacharyya & Co., 84, Clive Street, Calcutta.

A "tissue" drug of wide action. It simulates *Mercury* in its action on the glandular system, especially on the liver and kidneys, *Sulphur* in its action on the skin and mucous membrane of the intestinal tract, *Calcarea* in affecting the respiratory tract, and all of the foregoing in its general action on connective tissue. Extreme sensitiveness to a draught of air, easy perspiration, profuse secretions and suppurative tendencies are marked characteristics of the drug.

Therapeutic uses : Suitable for scrofulous and lymphatic subjects, with light hair and complexion, soft and flabby muscles. There is a tendency to suppuration. Inflammation and suppuration of glands ; boils, ulcers, abscesses, and suppurations in general ; threatened suppuration, as in abscesses, furuncles and carbuncles, characterized by throbbing, sticking pains." SENSITIVENESS TO OPEN AIR, *with chill and frequent nausea ; catarrhal affections ; bronchitis ; croup ; laryngitis ; Pleurisy Pneumonia. Consumption ; whooping cough. Urticaria. Whitlow. Tonsilitis ; ophthalmia ; diarrhœa ; dysentery ; enuresis ; dyspepsia. Bad effects from abuse of Mercury ; secondary syphilis. On skin : eczema, tetters, excoriations, erysipelas ; tinea capitis ; rhagades ; humid eruptions. It favors suppuration if given low ; and often prevents it, if given in a higher potency.*

Hepar sulph. is "sometimes indicated in the marasmus of children who have diarrhœa, *worse* in the daytime and after eating, with the peculiar sour odor to the sweat and stools. Cases requiring *Hep.*

are as a rule extremely sensitive to external impressions, especially to the slightest cold ; for example, it has removed the effects of malarial poisoning which have been maltreated with calomel and quinine, from the simple indications of profuse and easy sweat, which is offensive, and of such extreme sensitiveness to air that the patient wears an overcoat in hot weather. *Hepar* is generally indicated by extreme sensitiveness of inflamed parts, as if they were about to suppurate. The pains of *Hep.* are almost universally *splinter-like* in character, even the neuralgias and toothaches are of this sort. It is indicated in threatening suppurations, with great soreness and sharp pains as if about to suppurate. General aggravation from cold dry winds."

Mind : *Sadness and bitter crying. Fright on slumbering; concerning sickness in family, or as if neighbour's house burning, etc. Remembers everything which has been unpleasant during her life. Discontented. Irritable. Violent about trifles. "Dementia, with complete stupidity, is silent and speechless. Melancholia, with paroxysms of violence, hasty speech ("words roll out, tumbling over each other,") in patients who have taken much mercury. Hypochondriasis."*

Head : The headaches of *Hepar* may be catarrhal or neuralgic or due to abuse of mercury. *Sticking pain waking him at night, with confusion, as if skull would burst. Tensive pain above root of nose. Hemicrania, PAIN IN ONE-HALF OF BRAIN AS FROM A NAIL OR PLUG. "Headache following the abuse of mercury, of a neuralgic character, some-*

times boring at the root of the nose, sometimes feeling as if a plug or nail were driven into the head (Thuja, Ign.) ; sometimes a feeling as if the eyes would be pulled backward into the head : the headache generally *better* tightly binding the head (Merc. ; Iod.). Falling of hair after mercury. Extreme sensitiveness of the scalp, could scarcely comb the hair, with painful nodes on the scalp ; the bones of the skull pain at night. Eczema of the head, with great sensitiveness, tendency to ulceration, bleeding, offensive discharge."

Eyes : Here the remedy is indicated in a great variety of scrofulous inflammations (Ars. iod., Calc., Kali bi., Merc. bin., Rhus t., Sulph.), particularly ulcerations of the cornea (Arg. n., Aur., Cinnabar., Graph., Merc. cor., Merc. v., Nit. a., Sil., Sulph.) involving inner layer and accompanied by collection of pus in the anterior chamber. The cases requiring Hepar are generally of a sluggish type, anæmic, sweat easily, *worse* night, very sensitive to open air. and perhaps have been salivated. *Kerato-iritis*, involving also the ciliary body. Chronic catarrh of the conjunctiva, with very profuse muco-purulent discharges. Ulceration of margins of the lids and inflammation of the Meibomian glands. Sub-acute inflammation of the lachrymal sac, with very free secretion of pus in the inner angle of the eye. Inflammation and ulceration of the margins of the lids, with collection of much dry matter in the lashes. Erysipelatous inflammation of the substance or the lids threatening suppuration. Moist, offensive eczema of the lids. Herpes following the

course of the supraorbital nerve, with severe pains as if the eyes would be drawn back into the head." *Inflammation and swelling, with redness of white of the eye. Pain from daylight, worse moving them, with redness. Pain in eyeballs, with bruised pain on moving them Smarting in external canthus, and hard mucus. Dim vision in evening by candle-light.*

Ears : External parts red, hot and itching. "Inflammation of the outer and middle ear ; ulceration and offensive, bloody discharge (Tellur.), generally with violent pain, perforation of the drum, especially following overdosing with mercury." There is great sensitiveness to touch and to cold air. *Hepar* should be thought of in furuncles of the auditory canal (Calc. pic. Merc. v., Pic. ac).

Nose : It is useful in coryza, with swelling and redness, and *internally and externally, the nose pains like a boil. Smell sensitive ; or lost. Mucus from posterior nares mixed with blood. Blowing of offensive mucus, even without catarrh. Bleeding ; after singing ; blowing of clotted blood ; or drops of blood exude every morning. The nose is very sensitive internally to air and to touch (Aur., Cinnab., Merc. v., Mezer., Sil. For nose-bleed in morning, compare : Ambr. gr., Bov., Bry., Carbo an., Hamam. Kali c., Lach.). Profuse greenish-yellow discharge. "Ozæna, soreness of nasal bones, heat, ulceration, nose sensitive to air and touch ; discharge very offensive (Puls., Kali iod., Graph.).*

Chronic diseases of the nose resulting from abuse of mercury."

Face and Mouth : Chronic *Hepar* patients usually have yellowish color of the face. SWELLING OF UPPER LIP (*Calc. c.*), *with tension and with pain on touch ; eruption in corner, with heat. Erysipelatous swelling of cheeks. The teeth are loose, with tenderness of gums (Merc.). Aching in all teeth after cold drinks or opening mouth. The tip of the tongue is sensitive ; burning pain at the tip, which even wakes him up at night. White aphthous pustules on inside of lips and cheeks and on tongue (Kali chlor.), with pain, worse touch and drink. Bitter taste ; in back of throat, with natural taste to food. Offensive odor from mouth. In catarrh and coryza, the taste is usually lost. "Abscesses at roots of teeth which have been filled. Unhealthy gums, which ulcerate and bleed, with offensive odor."*

Throat : STICKING AS FROM SPLINTER (like fish-bone) ON SWALLOWING, EXTENDING TOWARDS EAR ON YAWNING (*Nit. ac.*). Fear of constriction. *Smarting, worse swallowing solids, with rawness and scraping. Feeling as of a plug of mucus or swelling at entrance of the throat. Feels as if he has to swallow over a swollen part in throat (Phyto.).* *Hepar* is especially useful in peri-tonsillar suppuration or quinsy. "*Tonsillitis* in the suppurative stage ; it is indicated after *Bell.* and *Baryta*, these three remedies may follow in succession ; *Bell* in the very onset, *Baryta* after *Bell* has subjugated dryness and fever, then if suppuration threatens *Hepar* the indications of

which are the fetid odor of the salivation, sharp splinter-like pains on swallowing and great sensitiveness to air, or even chilliness. Sometimes indicated in follicular inflammation of the pharynx, with splinter-like pains and the general symptoms of the drug." *Hepar sulph.*, 1x, claims to abort quinsy and other suppurative conditions, if taken at the very onset of the trouble, '*at the first stab*,' as Pierce puts it; *Baryt carb.* 30th., has the reputation of a prophylactic to quinsy.

Stomach : In dyspepsia following the abuse of mercury or even quinine, and it is indicated by the longing for highly-seasoned food or acids, for sour, pungent articles; and disgust for fat or fat foods (Kali m., Puls.). DESIRE FOR VINEGAR. Longing for wine. No thirst, *Eructations after eating*, of sourish fluid; or, *frequent eructations, without odor or taste* (Arg. nit.; China): or sometimes smelling like rotten eggs (Ant. t., Arn., Psor., Staph., Sulph.). *Vomiting of bile in morning after long violent retching*; mucus and bile. Gastric enteritis. Pain in pit in morning on waking; *pain after eating a little. Stomach feels as if hung loose when walking. Tension across pit, he must loosen his clothes and cannot sit.* Heaviness and acidity.

Abdomen : *Rumbling; noisy movements.* Abdomen DISTENDED, TENSE (Graph., Lyc., Carbo v.). *Fermentation above umbilicus. Paroxysmal clawing in umbilical region, from sides of abdomen, towards middle and sometimes to pit of stomach, causing nausea, with anxious heat of cheeks. Suppuration of*

inguinal glands, buboes (Calc. c., Merc., Thuja, Nit. ac.). It is frequently indicated in threatening or actual abscess of the liver. Chronic hepatitis.

Rectum, Anus and Stool : "Bowels very inactive, the soft stools are evacuated slowly and with effort." Stools may be high-colored, with enlargement of the liver. CLAY-COLORED STOOL. *Greenish*. STOOL, NOT HARD, SCANTY, YET DIFFICULT TO EXPEL, WITH MUCH URGING. *Diarrhœa* white, sour, undigested, or sometimes mucus, yellow or green and of decayed odor. The sour odor of the stools and sweat is often an indication for this drug (Bry., Rheum). Chronic catarrh of the intestines, abdomen distended, tender. with fermentation or with a feeling of clawing or cutting extending towards the umbilicus.

Urinary Organs : "Valuable in certain stages of inflammation of the kidneys, especially after abuse of mercury, with soreness in region of kidneys, incessant urging to urinate, sour sweat, diarrhœa, etc. Occasionally in albuminuria during diphtheria. Atony or paralysis of bladder, urine passes very slowly and without any force, the bladder does not seem to empty itself. Oily film upon the surface of the urine." BLADDER WEAK. URINE DROPS DOWN VERTICALLY AND HE MUST WAIT BEFORE URINE FLOWS (Caust., Op.). HE CAN NEVER FINISH URINATING, SOME URINE SEEMS TO REMAIN IN BLADDER (Helo.). *Urine acrid and burning* (Merc.).

Male Sexual Organs: *Hepar* is of value in venereal ulcers with fetid discharge. Ulcers externally on prepuce, similar to chancre (Nit. ac.). Itching of glans; of frænum; on scrotum. Profuse secretion of an offensive odor from the glans penis. Figwarts of an offensive odor. Herpes of the prepuce, which is very sensitive and bleeds easily. Suppurating inguinal glands, with offensive moisture in the folds of the skin. Abscesses on genital organs, with sharp pain and offensive odor to the discharge. "It is one of the best remedies to clear up an old gonorrhœa"—(PIERCE.)

Female Sexual Organs: *Hepar* is indeed extremely useful in pyosalpingitis, especially cases traceable to old gonorrhœa. Soreness between pudenda and thighs. Itching of pudenda during menstruation. *Discharge of blood from uterus* after distention of abdomen. "Enlargement of ovaries, with great soreness, pain in back (Helon.), etc. Abscesses of the labia, which are very sensitive, with splinter-like pains. Ulceration of the uterus, with offensive discharge. Extremely offensive leucorrhœa of a decayed odor." Menstruation delayed and diminished.

Respiratory Organs: "Cough caused by eating or drinking anything cold." (LIPPE). We should also remember, in *Hepar* there is a decided aggravation from cold air. PAROXYSMAL COUGH, IF LEAST PORTION OF THE BODY BECOMES COLD. Cough, *worse walking; worse deep breathing, so as to cause vomiting. Weakness of organs of speech and of chest, so that she cannot speak aloud* (Phos., Caust.). DYSPNŒA.

Subacute inflammation of the larynx, with considerable secretion of mucus. In a late stage of membranous croup, with hoarseness, profuse collection of mucus, difficult respiration. *Hepar* should be given very cautiously even in a late stage of membranous croup; overdosing with it is apt to cause recurrence of the more acute symptoms, lessening the secretion of the mucus rendering the cough dry and tight, and to increase the difficulty in breathing; it follows well after *Spongia*. *Spongia* should be given after *Hepar*, only when *Hepar* has aggravated the cough and caused a return of the former symptoms. *Hepar* is *never to be given when there is a hot dry skin*; the child is always sweaty and weak; it is to be carefully differentiated from *Kali bi.* and *Bromine*, neither of which is indicated when there is fever; the tenacious character of the expectoration indicates *Kali bi.*, while *Bromine* is indicated by the spasmodic character of the cough and expiration, and a tendency to cyanosis. Subacute bronchitis, cough loose and rattling, *worse* cold air, always *worse* towards morning; (the profuse collection of mucus in the chest, which cannot be removed by coughing, with free sweating, is like *Tart. em.*).

"There is soreness of the chest, with a tendency to take cold. If he is uncovered, it makes the cough worse"—(*Blackwood*). "Late stage of pleuritis, with exudation, with the general indications of the drug." In Bronchitis and Broncho-pneumonia, with a good deal of mucus in the chest; the cough is loose and rattling, *worse* towards morning and

from cold air ; so susceptible is the patient to cold that the slightest draft or even putting the hands out from under the bed-clothes is enough to set him coughing.”—(Pierce). “*Hepar* is of value in late stage of pneumonia” (and in phthisis) “with profuse purulent expectoration and threatening abscess of the lungs.” In abscess of the lungs, when the characteristic symptoms of *Hepar* correspond.

Extremities : *Drawing pains, worse thighs and legs with paralytic sensations, Bruised pain in humerus. Axillary glands suppurate.* “Very valuable in ‘runrounds’ and even in felons, with sharp suppurative pains.” Excellent results have been obtained in hipjoint disease in the suppurative stage.

Skin : *Yellow color. Jaundice, with blood-red urine and yellow color of whites of eyes. Nettle-rash on face.* SKIN IS UNHEALTHY, SLIGHTEST INJURIES SUPPURATE (Sil.). *Cracking and smarting of skin on hands and feet* (Graph.). SORENESS AND MOISTURE IN FOLD BETWEEN SCROTUM AND THIGH (Sulph.). ULCERS BLEED ON SLIGHT WIPING (Nit. ac.). *Skin very sensitive to touch and to slightest cold. Itching of nose ; in bend of elbow ; in palms ; on hands, with rough, dry, shrivelled skin.* “General moist eruptions, which smell badly, suppurate and bleed, General inflammations and blisters, which threaten to suppurate, and in which there are sharp suppurative pains.”

Fever : “The easy chill from exposure to air, even from putting the hand out of bed (causing cough), and the general tendency to sweat are the

general indications in febrile states; there is comparatively little fever. Sour sweats." *Sweat on slightest motion* (Merc.), CONSTANT OFFENSIVE EXHALATIONS FROM BODY. It has been used for chronic malarial poisoning that has been maltreated with *calomel* and *quinine* and here also the easy and offensive sweat and the extreme sensitiveness to air are our guides to Hepar. There may be *urticaria* associated (either preceding or accompanying the chill) and disappearing as the heat begins.

Modalities :

Aggravation : From dry cold air ; from touching the affected part ; at night ; in morning ; during sleep ; on swallowing ; lying on painful side.

Amelioration : From wrapping up ; warmth ; in damp weather ; after eating.

Similar : Alumin., Calc. c, Calc. s., Iod., Kali bi., Merc., Rheum, Sil., Sulph.

Antidotes : Act. rac., Ars., Bell., Cham., Sil.

Hepar. antidotes the effects of mercurial and other metallic preparations, iodine and especially iodide of potash, and Cod Liver Oil ; it removes the weakening effects of either.—(HERING).

Dose : 1st trituration to 200th potencies, and also higher.

PATHOLOGICAL ANXIETY.

(Continued from Vol. IV., p. 573)

S. C. Laha, M. B. (Cal. Univ.)

I have taken enough space and time in discussing anxiety conditions of the mind which may be regarded as more or less normal or in other words, most people, on occasions, get some kind of anxiety or other. I do not believe that there is any man who is free from all anxieties unless he is a corpse. There may be balanced men, but not anxiety-free men. Some may have more anxieties in life, others less. The difference lies in the degree only, not in the quality.

The same difference in degree differentiates the pathological from the normal anxiety. One shades into the other. It is not a new condition with new symptoms. It is a condition of excessive anxiety under normal or everyday conditions.

At the start there may be a difficulty in diagnosing a condition of pathological anxiety from normal anxiety. In fact I believe there are a large number of men who live in this borderline and do not consult a doctor for their condition but try to force themselves to believe that their conditions are normal. But when once the disease has advanced to some extent, there is no difficulty in recognising the condition. On the contrary it is not often necessary for the physician to investigate it ; the patients themselves diagnose their own disease and

tell the physician so. The patient complains that he feels excessive anxiety in small things which other persons more or less ignore.

We know of "highly-strung" people, of "nervous" people, people who live always "on edge" so to speak, who feel and worry about things more intensely than others, who are shy and inhibited, having an intellectual and a cultured appearance and a silent apologetic bearing. They are as a rule loved by others ; but they do not love themselves. In fact, they do not know what to do with themselves. Their interests may be varied ; they know many subjects and keep a great deal of information about things in general, but still there remains a considerable surplus amount of interest which cannot be expended. It is like an amœba throwing out numerous pseudopodia in all directions and catching only 2 or 3 food particles ; the rest of the pseudopodia searching for others. but not finding any. This generates restlessness.

Restlessness—that is one of the cardinal symptoms of pathological anxiety. The patient cannot sit still. He must do something ; and even after doing all that he wants to do, he finds no satisfaction. Ask an incipient case of pathological anxiety, "Can you sit still for 15 minutes without doing anything ?" He will at once say "no, I can't."

That is the beginning of the disease. He starts smoking or chewing something to keep himself engaged. While talking with you he keeps on fidgeting with his tie or a button in his coat or handling something from your table, a pencil or a

paper weight. He uses a large number of adjectives to describe his condition. In fact, he may be a fine talker. I know of cases who can describe their condition so vividly and with such fine expressive language that their narration by itself is an art and you think that if this gift of expression can be applied in describing other things, your patient may become a literary star. They go on describing their symptoms, repeating the different shades of their feelings in different expressions and never seems to be tired of the repetitions. If left to themselves, they may go on talking for hours, sometimes for 6 or 7 hours at a stretch without stopping, a peculiar phenomenon if you compare their communicativeness with normal persons. Evidently they seem to derive a pleasure in telling others their own feelings.

Due to the presence of this pleasure in communicating things to others, they develop a tendency to exaggerate things to make them more interesting. A snake 2 ft. long may attain several yards in length to them. A dog becomes a panther. A crowd of 50 men may contain several thousands. This "stretching" is an interesting phenomenon in anxiety conditions and may affect the actual sensory perceptions about which I shall speak later in connection with "time" and "space" impressions.

The anxiety is generated from within the mind and when it comes out, it tries to attach itself to various situations, just as the pseudopodia of an amoeba try to catch food particles. It expends itself in one situation temporarily and then attacks

another. It thus flits from one situation to another and is never satisfied.

Clinically we find that the patient complains, as I have said before, that he feels very nervous in situations on which other people do not spend much thought.

This inner anxiety may be projected outside or on his own body.

When it is projected outside, he feels very anxious and apprehensive in outside situations, such as a family litigation, an illness in the family, about his own job, the health of his wife or his child or his mother, his income, his business, in short any outside situation which has got anything to do with him. There seems always to be an impending ruin threatening him all the time. At the present moment, during this war situation, I have known some men so much disturbed by the possibility of an air raid in Calcutta that they cannot get up from their beds. People laugh at them, but unfortunately they cannot help themselves.

When the anxiety is projected on the body, he becomes very apprehensive of some serious disease which may attack him. He magnifies his own ailments and thinks that his minor symptoms are premonitory indications of a mortal disease. It is very interesting to note that practically all the most serious diseases are chosen for the anxiety to attach itself with. They are (a) Tuberculosis (b) Leprosy (c) Cancer (d) Syphilis (e) Intestinal obstruction (f) Apoplexy (g) Cholera (h) Heart disease

(i) *Insanity.* Of these it appears that the fear of apoplexy or high blood pressure, leprosy and tuberculosis is the commonest. A large number of quacks take advantage of this fear in their patients' mind and instead of encouraging them to get rid of this kind of fear, they stimulate it and exact fees. You must have known one or two of your acquaintances very afraid of a particular disease. He takes all the precautions to avoid it. If it is tuberculosis, he would'nt go within miles of a tubercular sanatorium. He would get his chest and sputum examined repeatedly by a doctor, would suck a thermometer daily and examine his own sputum daily several times to see whether there is any blood in it or not. An ordinary cough or a slight fever would nearly kill him of fright and confine him to bed for days. Ask him something about tuberculosis and you are amazed to find that he knows many things in detail about it; much more than you know yourself. He has read all the available literature at home.

If it is leprosy-well, he may carry the thing so far that if a fellow called Wellington were known to have leprosy, he will avoid Wellington Street. Please do not laugh. He knows that his fears are very unreasonable, but he can't help it, just as you cannot help feeling miserable when you have got fever.

If you look at a thing through a convex lens, it appears big, which is not true and you know it to be an illusion. The same is true here too. The patient looks at things through the anxiety-lens and

they appear big. He knows that the magnification is an illusion but it is there all the same. He has in his mind something which you have not.

It is the pathological anxiety condition of his mind which colours all his vision and estimation of things in general. There is thus a magnification of effects and later an irradiation of them.

As I have said before, the anxiety, in the primal stage of the disease flits from subject to subject. In the later stage of the disease, when the anxiety has increased, it can find no more subjects and becomes a "floating" anxiety in the mind. The anxiety, so to speak, remains in a floating condition in the mind, a cause-less anxiety. This is an interesting phenomenon. If you ask the patient "what is the reason of your excessive anxiety?" his answer will be "I don't know ; but I feel restless and anxious."

You have known this condition of anxiety in association with certain physical diseases, mostly fevers. There are people who feel very restless during a febrile attack while others stay quiet and do not like to be disturbed. But when there is no fever, in fact, no physical cause whatsoever, this "floating" anxiety appears strange.

It is a very painful condition. The patient cannot concentrate on anything, loses all interest in work and there is such a terrible restlessness in him that he may move his arms and legs aimlessly and may even cry, not knowing what to do with himself. His mind all the time remains perfectly clear. He does not know what is the matter with

him and believes that he is getting insane. He cannot make others understand what is wrong with him. There is insomnia and loss of appetite to the extent that the patient rapidly loses weight and gets emaciated and may even be altogether bedridden. There is generally a morning aggravation of the symptoms. Towards the evening he feels comparatively quieter.

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THE MOST EFFICIENT DOSES.

J. C. Holloway, M. D.

Doubtless every physician in the medical world is, at heart, desirous of the best curative results; of adopting that course which promises the most for his patients, and of incorporating into his practice every detail which embodies science, art and skill.

The diversity in practice, then, is only the natural out-cropping of different convictions; and to make a Hahnemannian in such fashion that he will always look like himself, it is necessary to reach his convictions. If this were accomplished even in the homœopathic ranks, then the exact mode of preparation of drugs, the most efficient doses and the proper period for repeating the doses, would be questions of common understanding, and we would all walk in the footsteps of Hahnemann.

In the preface to the first edition of *Chronic Diseases* we find the following : "From unbelief in the efficacy of the small and attenuated doses of medicine which I made known to the medical world after a thousand warning trials, as being the most efficient (distrusting my faithful assertions and reasons), men prefer to endanger their patients for years longer with large and larger doses. Owing to this they generally do not live to see the curative effects, even as was the case with myself before I attained this diminution of dose. The cause of this was that it was overlooked that these doses by their attenuation were all the more suitable for their homœopathic use, owing to the development of their dynamic power of operation."

That unbelief is as rank and as general now as when the foregoing was written, though the number of drugs now entering into a compound and the size of material doses have been greatly modified ; but what Hahnemann called "small and attenuated doses" were not regarded as *doses at all* neither by his opponents nor some of his professed followers. And that is just as true today as then.

One so called homœopath remarked to me that since "regulars have so modified their doses, there is no practical difference now between the two schools." Such a remark betrays a mental blindness hardly excusable in any one who ever read a homœopathic book. It is our business as Hahnemannians to impress upon the public mind the fact that however small so-called regulars may

administer the dose, that dose is still the *crude, material substance*.

The impenetrable gulf between the materialistic mind of allopathy and the conception of the immaterial, spirit-like powers of medicinal substances, has always been and is today *immaterial, dynamic medicines*; and what has hurt Homœopathy more than any other fact, has been the induction of *materialists* into the homœopathic kingdom *without conversion*.

As well talk about that which is material being spiritlike; about the possibilities of an elephant flying, as to talk about a physician of a *materialistic stamp* practising homœopathy. A man whose mental constitution compell him to *perceive* with his fingers, can never be a homœopathic practitioner. He must have the intuitive genius to recognize in all crude medicinal substances a remedial power which color, nor taste, nor chemistry, nor laboratory, nor microscope can ever reveal; a *hidden* down deep and beyond the material recesses of every drug; a power which, before the advent of Homœopathy, was unknown to the medical world; a power unfolded and developed by a process peculiar to Homœopathy, and *revealed* by a practical test in the healthy human organism.

Hahnemann's first motive in potentizing drugs was to diminish the dose. The fact that this process developed the curative power, *was discovered afterward*. Experience taught him that he dared not employ large doses of crude substances when prescribing by the law of similars. So he invented

the process of potentization and that "attained this diminution of dose;" but *however* "it was overlooked that these doses by their *attenuation* were all the more suitable for their *homœopathic* use, owing to the development of their *dynamic* power of operation."

That is the doctrine. First, diminution of dose ; and second, *development of dynamic power*. First eliminate the material elements of drug that those parts of the patient's system not affected by disease, may not be affected by the drug ; and second, develop the dynamic power of the medicine that it may be made to correspond to the patient's susceptibility and penetrate to the very innermost, thus extinguishing disease and saving life when the same could not be accomplished by any other means.

If any call in question this philosophy, surely it should not be one who professes to practice Homœopathy ; to have graduated in a homœopathic college ; to have imbibed homœopathic doctrine, and to be a follower of Hahnemann. The double fact here taught by the founder, that potentization diminishes the *material* and develops the *immaterial*, explains the very heart and essence of the homœopathic mode of preparing drugs. But this is where the prevalent *unbelief* manifests itself—*immaterial medicines* ; "dynamic physician," as Hahnemann styled the practitioner who employs immaterial medicines and depends upon them as agents of cure.

This infidelity betrays itself in the effort which so many practitioners of homœopathy make to hide from the public the *spirit-like, immaterial, dynamic power* which is the very heart of Homœopathy. Some even go so far as to employ discs of color, some red, some yellow, some green and *nasty looking*, and these they medicate generally with a low attenuation, and all to impress their ignorant patients with the idea they are getting *material*, crude medicines; and thus they bolster up and foster the old school ideas with which their patients have been indoctrinated instead of educating them in homœopathic principles and giving them the true, clean cut Hahnemannian practice which will accrue to their own interest as well as to those whom they serve.

The founder of Homœopathy here affirms that the small and attenuated doses are the "*most efficient*;" and to designate a practitioner who *does not believe that*, as a homœopathic physician, is a misnomer; and physicians like Dr. Doe and Dr. Roe and many others who are ostensibly homœopaths, yet who have nothing on their cards, nothing on their windows, nothing on their doors, and practically nothing *in their practice* to indicate homœopathy, are not the type of men who held up the hands of Hahnemann and helped to inaugurate the new system amid derision, persecution and personal sacrifice. Nor is this the type that will perpetuate pure homœopathy and hand down to succeeding generations the unaltered doctrine of the immortal Hahnemann.

On the contrary there is a class of men who are proud of the distinction, "homœopathic physicians;" proud to be numbered with the true adherents of the greatest human physician the world has ever known, and proud to be identified as practitioners of the only system of medicine which has a therapeutic law, the science of cure and the healing art.

Every drug has its own distinct individuality; and that which individualizes it is its *spirit*, its *dynamis*, its hidden *inner nature* when brought in contact with the dynamis of the healthy human body. If in superficial diseases, nature is able to appropriate enough of the dynamic power to cure when the whole drug is administered, it is the *spirit* of the drug which proves effective, even then. The reason is, the curative principle does not reside in the material elements, but in the *drug-spirit*. This tested in the healthy human body reveals the curative principle of that drug and enables us to prescribe it with scientific accuracy and to cure with a satisfying certainty—*secundum artem*.

The law of similars is magnified in certain quarters, as if that were all sufficient; but the law of similars can not cure deep-seated, miasmatic diseases when crude substances are employed. Even in some acute diseases, such as syphilis and sycotic gonorrhœa, no man can cure by the internal administration of crude medicines. The dose must be diminished by dilution and potentization, as the master ascertained and taught, and the dynamis being thus secured free from its material

encumbrance must even then be raised to a higher power of development, higher and higher, until it corresponds to the plane of the patient's susceptibility.

No one achievement perhaps contributed so largely to the immortalizing of Hahnemann's name, and to the common benefit of the whole human race, as his process of *diminishing the dose and of then developing its dynamic power*. This places before mankind all medicinal substances in a form at once the most efficient and wholly harmless ; for, however poisonous a given drug in its crude form, or however inert, dynamization renders it penetratingly efficacious on the one hand, and incapable of drugging or killing on the other. And when we reflect that *drug diseases* are the most prevalent and the most difficult to cure, it is hard to estimate the ultimate good that will inure mankind because of this homœopathic process.

If there is one phrase more common than another in the writings of Hahnemann, it is the expression, "The spiritlike medicinal powers." I would like to impress upon the minds of all who think they can administer tinctures and low attenuations without doing violence to homœopathic principles or running counter to Hahnemann's homœopathic example, the fact that only the *immaterial* can have a spiritlike action. The idea can not be predicated of crude substances, nor utilized by those who administer crude medicines.

Some, not knowing any better, have sneered at Hahnemann's practice of administering these

spirit-like medicinal powers by excretion; but permit me to submit that whether by insufflation or by one or two material pellets, heightened with a high dynamization of the indicated remedy, *the power is in the aura*; and the medicinal power that is stronger than disease is the *immaterial* power, the *dynamic* power, the *aura* of the drug. This understood, there will be no further tendency toward crude, material doses. And if Hahnemannians would teach this great truth to their patrons and the general public, they would not only advance the true interests of pure Homœopathy but build around themselves a bulwark impregnable to the fads and heresies of the day.

In her process of preparing drugs and in her therapeutic law Homœopathy stands exclusive and alone. Let the public understand these issues, then they will not only be able to appreciate the philosophy, but competent to recognize the genuine and detect the *counterfeit*. Is it argued that laymen are not capable of understanding such intricate subjects and that they could never be educated to *immaterial* doses? I answer. they would have to make a pretty bad showing, indeed, if, under patient education their *materialistic tendencies* should develop in a greater ratio than those of doctors!

Hahnemann lived hundreds of years in advance of his day, and his system of medicine still lives hundreds of years in advance of the times; but I am sanguine in the belief that the day is coming when the world's physicians and hence, the masses, will recognize the spirit-like powers which lay

hidden in the inner nature of crude medicinal substance they will acknowledge Samuel Hahnemann have been the greatest public benefactor and the most eminent medical genius of the ages; when they will crown his memory with wreaths of appreciation and gratitude, and when they will embrace Homœopathy as the only system of cure possessing the inherent qualities worthy of universal acceptance and adapted to universal application. God speed that day! and may all professed adherents acquaint themselves with the fundamental principles; the very gist and essence of his system, and be filled with his energy, enthusiasm and convictions.

The millions of English speaking people who have turned away from traditional medicine and identified themselves with some no-medicine fad, indicate by their open course that they are tired of *material* medicine, and for the want of light and knowledge concerning the *immaterial* powers of crude substances, they go to the opposite extreme and donounce medicine in general.

The safeguard of Homœopathy now, as in the beginning, is *education*, not deception: opening the eyes of the public to the chasm between Homœopathy and Allopathy which is as wide as the North is from the South, and not permitting the masses to conclude that there is not much difference after all. We concede that what they are often taught to *call* Homœopathy, does not differ from the old school in any vital particular worth mentioning; but the *real* difference between Homœopathy as

taught and practiced by its founder and all other systems of medicine, is the difference between the *material* and the *immaterial*.

1. He taught that disease caused by the *immaterial*, outside of the domain of surgery.

2. That disease itself is a derangement of the *immaterial* vital force.

3. That such morbid derangement, called disease, can not be removed by the physician in any other way than by the *spirit-like, dynamic, immaterial* powers of the serviceable medicines.

And his conception of the immaterial powers hidden in the inner nature of crude substances, is clearly expressed in a footnote of his Organon ; page 194, as follows : "The medicinal power becomes much more potentized, and *the spirit of this medicine*, so to speak, becomes much more unfolded, developed, and rendered much more penetrating in its action on the nerves."

"The spirit of this medicine," or its equivalent, is an expression never used by the tongue or pen in the materialistic camp ; but is peculiar to dynamic physicians, to pure Homœopathy and to pure homœopathic literature.

We conclude, then, that the most salutary and efficient doses of medicine are :

1. *Immaterial doses*.

2. *Immaterial doses* raised to a high power of development.

3. *Immaterial doses*, the minimum in size, that the vital force may not be shocked by the exaggerated action of the aura, whether conveyed to the

system by one or two moistened pellets, or by olfaction.

4. *Individual doses*, repeated at proper intervals, "according to the nature of the different medicines, the corporeal constitution of the patient and the magnitude of his disease ;" but in no case until the previous dose has exhausted its action.

5. *Immaterial doses*, chosen for the patient and homœopathic to his *individual image of disease*, whether acute or chronic.

The idea that high dynamizations may cure some chronic diseases, but that they are wholly inadequate for acute and malignant disorders, emanated from materialists. Hahnemann never taught it.

In the last issue of THE MEDICAL ADVANCE Dr. G. W. Harman, of Newark, N. J., said ; "They" (intelligent homœopathists) "know that Homœopathy is not a matter of dose, but a matter of law in the selection of the remedy. They know that the only small thing in connection with Homœopathy is the death rate."

That was an unfortunate statement to have been printed in his home paper, the Newark Evening News. Unfortunate because *untrue* and *misleading*. The people of Newark may have taken it as "all wool and a yard wide," but when the doctor sent it out to THE ADVANCE he had a different audience.

The smallest thing in connection with Homœopathy is the dose, and when I quote the founder's works respecting this subject, I think all will agree that Homœopathy is a matter of dose as well as of

law in selecting the remedy. The idea that Homoeopathy is not a matter of dose has been worn threadbare by materialists, with the great detriment of pure Homoeopathy, and is always misleading to those who do not know. The doctor who strives to impress the general public with the idea that Homoeopathy does not necessarily imply small doses, will never succeed in building up a homoeopathic practice that will compare favorably with that of Hahnemann or Boenninghausen or Hering. The truth is *no man can successfully practise Homœopathy without employing the small dose.*

In paragraph 275 we find the following: "The suitability of a medicine for any given case of disease does not depend on its accurate homoeopathic selection alone, but likewise on the proper size, or rather smallness, of the dose. If we give *too strong a dose* of a medicine which may have been even quite homoeopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its homoeopathic similarity of action, it makes upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease." Again, he says: "For this reason a medicine, even though it may be homoeopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose

it does make the greater its homoeopathicity and the **D** the potency." This doctrine is corroborated by Boenninghausen in the following words: "In the last few years the homoeopaths have made experiments in this field which speaks decidedly for the *highest potency* in the *smallest dose*. Therefore the better homoeopaths of today make use only of the smallest part of a drop of the highest (decillionth) potency (one, at the most two, of the tiniest pellets moistened therewith), and not one has had occasion to return to the use of the large dose."

Knowing that some have been misled by the assertion that Hahnemann employed low potencies, permit me to quote what he has to say respecting that matter: "The praise bestowed of late by some few homoeopathists on the larger dose is owing to this: Either that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago from not knowing any better, or that the medicines selected were not perfectly homoeopathic."— (Foot note, Organon, page 188).

So, when it is argued that Hahnemann chose low potencies, the corollary should always accompany the statement, namely, that it was "from not knowing any better!" If this is the plea in justification of low potencies today, then we should be very lenient, indeed, and I feel sure such is the actual reason, whether so frankly acknowledged or not.

In the announcement of a ~~Q~~ ^Q ~~wide~~ ^{wide} medical college for 1910-11, one, too, who ~~probably~~ ^{probably} teaches more Homoeopathy than ~~any~~ ^{any} ~~other~~ ^{other} in all this country, we find the following ~~to~~ ^{to}: "The Homoeopathy of Samuel Hahnemann our guiding law of therapeutics. Neither a 'high potency' or a 'low potency' college, but a homoeopathic college. There is no law of potency, but there is a law of cure." That is just what mongrels have maintained lo! these many years; namely, that "there is no law of potency;" and hence, that one can administer the medicine in any form he chooses and still be a homœopath. Now, is that a fact? No. It is one of those bald-headed assertions without any foundation whatever in the ORGANON or CHRONIC DISEASES. I have just cited Hahnemann's pointed statement that when he chose low dynamizations it was at a time in his career when he *did not know any better*. That is his open confession in the last edition of his Organon. He did not hide behind the assertion that "there is no law of potency;" that he was neither a high nor a low potency man, but just a practitioner of homoeopathy; but admitting that he used to choose low dynamizations, he gave as the reason for having done so that at that time he *did not know any better*.

The doctrine here, by the strongest implication, is that the physician who does know better, who is up to the minute in the homoeopathic philosophy, *does not use low dynamizations*. I submit that *there is a law of potency*. It may be found in paragraph 269, which reads as follows: "The homoeopathic

system of medicine develops for its use"—note that expression "*for its use*,"—"to a hitherto unheard of degree, the *spirit-like* medicinal powers of the crude substances." Now I submit that the *spirit-like* medicinal powers which he says the homoeopathic system of medicine develops "*for its use*," are necessarily *immaterial* powers. No *material* medicine can possibly have a "spirit-like" action, but a physiological.

These medicinal powers developed by the homoeopathic system of medicine by a process peculiar to it, add "*for its use*," are "*spirit-like*" because they are *immaterial*, and low dynamizations are *never* immaterial. Therefore, I affirm—and challenge contradiction from Hahnemann's pen—that no man can be a homoeopathic physician and administer *material* medicines, and that no college can be a homoeopathic college, inculcate the homoeopathy of Samuel Hahnemann, and teach the doctrine that "there is no law of potency." *There is a law of potency*, and that law requires that the material elements of the crude substances shall be *wholly eliminated* in order that the medicinal powers thus developed may be "*spirit-like*." The law of potency is again defined in paragraphs 277-280, as follows: "A medicine whose selection has been accurately homoeopathic must be all the more salutary *the more its dose is reduced to the degree of minuteness* appropriate for gentle remedial effect. Here the question arises, what is the most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must

be the dose of each individual medicine, homœopathically selected for a case of such a type, to effect the best cure?" And he answers the question in the following words: "This is an incontrovertible axiom of experience is the STANDARD OF MEASUREMENT BY WHICH THE DOSES OF ALL HOMŒOPATHIC MEDICINES, WITHOUT EXCEPTION, ARE TO BE REDUCED TO SUCH AN EXTENT THAT AFTER THEIR INGESTION THEY SHALL EXCITE A SCARCELY OBSERVABLE HOMŒOPATHIC AGGRAVATION, let the dynamization of the dose go ever so far, and appear ever so incredible to the materialistic ideas of ordinary physicians, their idle declamations must cease before the verdict of unerring experience." Notice, please: "*They shall excite a scarcely observable homœopathic aggravation.*" This, the master says, is the "STANDARD OF MEASUREMENT—the law," wrought out by experience. And he says this is the "STANDARD" by which the doses of *all* homœopathic medicines, *without exception*, are to be reduced.

[To continue

CALATA REFERO.

The Hon^{ble} Mr. S. K. Basu, Minister of Public Health and Local Self-Government, performed, on Saturday the 21st February 1942, the opening ceremony of the BIREN ROY ANNEXE, the new wing for in-door patients of the municipal hospital at Barisha-Behala, a rapidly extending suburban of Calcutta. The annexe was built out of the donation of Rs. 10,000/- by Mrs. Meghamala Roy, wife of Mr. Biren Roy, Chairman of the South Suburban Municipality.

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We understand Mr. Roy is going to donate a suitable plot of land valued at over Rs. 15,000/- for a new Maternity and Child Welfare centre in a central part of Behala, and there is every prospect of its taking shape soon.

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Exclusive custodians of Homœopathy in and about Calcutta have sorely missed this appreciable amount of gift. Their aloofness must always keep them excluded from the list of donations of charitably disposed ladies and gentlemen. Yet, there are several Homœopathic Colleges *cum* Hospitals in Calcutta whose penury threatens their very existence.

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The Congress is thoroughly dedicating itself to village-reconstruction and national regeneration. Medical service is a vital part of the whole work. We wonder if any Homœopathic Association or Society has volunteered service to the Congress President. Aloofness ! Exclusiveness !

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"Homœopathy-The New Art of Human Healing" is a brochure written by Dr. Bhagwandas D. Gurbaxani, L. C. P. S. (Bom.), and published by The Educational Publishing Co., Karachi. Price annas three only. It is meant to explain to the laity what is Homœopathy and what are its advantages over other systems of medicine. A chapter has been devoted to instructions for reporting a case of illness to a Homœopathic doctor, and the salient points required for a successful homœopathic prescription. It will be found useful for a good-hearted homœopathic physician to make a present to his patients who will thereby be profited, and it will also enable them to distinguish between a genuine homœopathic doctor and a medical charlatan.

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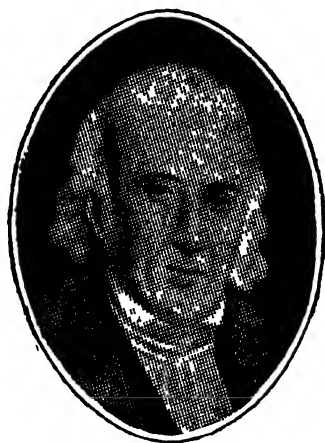
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 मूल्य १॥॥ ; कागजकी जिल्द १,
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 ६०० दवाच्योंका लक्षण । २ खण्डोंमें, १ ला खण्ड मूल्य ८,, २रा खण्ड मूल्य ६,
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PUBLICATIONS OTHER THAN HOMŒOPATHIC.

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- क्रीतकामेज्जर आञ्चकाहिनी—बूकार टि अयांशिस्टेनेव आञ्चर्षित (बेक्क
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 कामविधि— “ “ “ ६म “ १० आना ।

আমাদের প্রকাশিত (বাঙ্গালা অক্ষরে) সংস্কৃত পুস্তকাবলী ।
 মোহমুদগর—বড় অক্ষরে, বোর্ডে ছাপা, ডজন ১৭০ আনা ।
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 (মূল) বড় অক্ষরে ছাপা ২২ ; স্তোত্রাবলী—১০ ।

হিন্দী ।

ব্যবসায়ী—মূল্য ১১

देवनागरी अक्षरोंमें संस्कृत पुस्तकावली

চণ্ডী—(শ্রীশ্রী দুর্গা সপ্তশতী)—বড় অক্ষরোঁ, মূল্য ১১
 গীতা—(বড় অক্ষরোঁ) মূল্য ১১
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 সর্বোপাস্ততন্ত্রম্—কপড়ের জিলদ মূল্য ২১ কাগজ জিলদ ২১১

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THE HOMŒOPATHIC HERALD.

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Editorial

A Critical Problem.

Homœopathy in this country has always depended on Europe and America for its supply of Sugar of Milk and drugs. The European sources of supply were blocked immediately the war broke out, and now the American supplies have also become scarce, for the dangers of war spreading in the two fronts, the Atlantic and the Pacific. The price of Sugar of Milk has risen to the prohibitive peak. Most of the drugs cannot be supplied now by the American manufacturers, and the local stock in India is getting depleted every day.

It is therefore, time for the Homœopathic practitioners to give their serious thought to this critical problem. From time to time we pleaded for undertaking the proving of indigenous drugs of India and compiling a Materia Medica on the basis of the results of such provings. But, to our knowledge, no Homœopathic organisation has yet moved in that direction. It is not yet too late to make a start and avoid a disaster.

It may be that an individual practitioner has in his possession a few phials of back potencies with which he may carry on for his lifetime. He may say, 'let every one take care of himself and devil take the rest.' But, that way of thinking does not absolve him of his obligations to his profession and community. We earnestly appeal to every member of the profession to organize and form a Proving Society with a view to undertake immediately this work of vital importance.



THE MOST EFFICIENT DOSES.

J. C. Holloway, M. D.

(Contd. from p. 46.)

Now, I submit, when the doses are thus reduced according to this fixed STANDARD or law handed down by the founder, they will invariably be "*spirit-like*." There is, then, a *law of potency* ; and that law is expressed in terms as clear and decisive as the law of similars. The similarity of the pathogenesis of a given drug to a case of disease is a matter to be decided by the prescriber ; and the diminution of the doses so that they will excite a scarcely observable homoeopathic aggravation must also be decided by the prescriber. But that the remedy chosen must itself be able to produce an affection similar to the individual sickness to be cured is LAW ; and that the doses shall be so

reduced that the preponderance of their symptoms over those of the natural disease shall be "*scarcely observable*," is also LAW—emanating from the same fountain-head and belonging to the same system.

It is high time that we come right to the front on this question and *re-teach* what Hahnemann taught, and not cater to the ignorant prejudices of the uneducated masses, neither for the sake of practice nor a few medical students. If we are going to be Hahnemannians; if we are going to maintain pure Hahnemannian Homoeopathy, let us turn out the *pure, unadulterated, naked article*.

We have a pure food law, and we ought to have a pure Homœopathy law. If it is important to this nation that a can labelled "beans" shall contain beans, and not beans and something else, how much more important is it to his patrons that a physician professing to be a homœopathist shall be compelled to practice Homœopathy or *change his label*! No one circumstance has been so fatal to the perpetuation of Hahnemannian doctrine as the fact that the masses have been confronted with *allopathic practice under the homœopathic name*.

They have now concluded that there is not much difference in the two systems; and that the balance of difference, whatever it is, belongs to the old school—by right of discovery. As a matter of fact, they have never seen pure Homoeopathy demonstrated, and do not know what it is. This is a great injustice to the founder and a daily hindrance to the real homoeopath. Let those who court the success which the master enjoyed note

his warning words : "It seems to me my duty to publish the great truths to the world that needs them, untroubled as to whether people can compel themselves to follow them exactly or not. If it is not done with *exactness*, let no one boast to have imitated me, nor *expect a good result*."

DISCUSSION.

L. P. Crutcher :—It is inspirational to hear a paper of this kind and we are glad to hear Dr. Holloway's conception of the truth, but I do not subscribe for one minute to the contention that the crude drug is never curative. If there is no curative power in the crude drug, there can be none in the potency which is made from it. That power may be on a low scale, it may be only slightly developed, but it must be there. I believe thoroughly in potentized preparations and use them constantly, but I cannot take the stand that the crude drug is entirely non-operative. The element that cures never kills, as it does in the old school. Some patients and some cases of disease may require a low potency or a crude form of the remedy, but I do not regard that as an important contention and the principle that Dr. Holloway insists on does not seem to me so important as he makes it. The main thing is to select the remedy, in any potency, according to the homoeopathic law.

Dr. Leonard :—It strikes me that Dr. Holloway's paper was strictly Hahnemannian. It is not whether the drug in the crude form will cure or not,

but in what form will it make the safest and best cure. The best method is as the doctor has described it. The crude drug or the large dose may cure, and I believe does sometimes cure, but if it does so it does it upon the homoeopathic law which is a law of universal efficacy. Anything that is cured at all, is cured by the homoeopathic law because there is no other law of cure. You may make an axe-handle out of a tree, but you would be foolish to use a whole tree to make one handle. It took me a long time—thirty years—to get rid of my notions about the crude dose. You have seen chicks running around with pieces of shell sticking to them. It took me a long time to shake off all the shells.

Joseph Luff :—I am glad that I am able to say that I endorse this paper from A to Z. If papers of that character were more frequent, papers assertive of the principles of the Organon and then papers verifying the principles by clinical experiences and practical cures, there would be no need of any other propagandic work. The danger to Homoeopathy lies in the apathy of its own men and such work would remedy it. Homoeopathy has the right to challenge investigation of all the claims that it makes. A man who has convinced himself that the crude elements in drugs are the only efficacious ones, is incapable of comprehending that paper. The radical ground taken by Dr. Holloway is inspiring. In my limited experience and in my lonely work, far from any other Hahnemannians, I have greatly felt the need of some

I drove home thinking hard about it and the harder I thought the harder I drove and I came near killing my brother's horse. I heard the next day that the child was better. I am so materialistic that the case of medicines that I carry with me in my daily practice is full of 9m remedies and nothing lower. Occasionally—very rarely—I go into the low potencies.

Not very long ago I gave Ipecac in the 1st decimal to a case of asthma in an old person. Such practice, however, is with me the exception.

L. P. Crutcher :—I do not know of any law of potency. If there was such a law, the doctor could know beforehand what cases needed the high and what the lower potencies.

President :—You will get over most of your troubles before you solve that question.

Dr. Baxter :—The curative power of drugs is liberated by the process of potentizing them, but it seems to me that it can not be liberated in all drugs at the same point. Drugs are different in character. They range from hard mineral and chemical bodies to volatile substances, like Rhus tox and Camphor. It does not seem likely that the curative force of all these substances will be liberated at the same point. Part of the reason, at least, for different potencies lies in the differing character of medicinal substances.

W. D. Foster :—I have practiced Homoeopathy to the best of my ability for a long time, and I have always taken pleasure in listening to discussions upon the potency question. The question seems

to be so wide and so broad that it seems hardly possible to define a line upon which all physicians will agree. I have never been able to secure the remarkable effects from high potencies that have been claimed for them by others ; or at least only occasionally. It is a question that will no doubt continue to agitate the minds of homoeopathic physicians in all time to come. I have been much interested in both paper and the discussion that I have heard.

President :—Any more discussion ? If not I will call upon Dr. Holloway to close the discussion.

J. C. Holloway :—I confess that it is a little disappointing, after working along in small country town where the allopaths are rampant and there are no homoeopaths to consult with, to come to the International Hahnemannian Association and find a number here not ready to stand up for what Hahnemann taught. In differing from me not a man cited Hahnemann. I know what Hahnemann taught ; not a man living can controvert a single item of it, and I claim to be a Hahnemannian because I follow what Hahnemann taught.

I was once as crude a mongrel as ever lived—a muttonheaded mongrel—too stubborn to listen to better teaching. I went to Dr. Kent and asked him if he could teach me to cure syphilis, gonorrhœa, leucorrhœa and all those serious diseases with the potentized remedy and nothing else. He said, "Yes, sir, I can." I told him that I had no confi-

dence in the high potencies, and I told the truth when I said that, but it was my absolute ignorance,

I am surprised that any man of the Hahnemannian Association will say that the tincture would cure when the potency would not ; I know that such is not the case. You will find nothing in my case lower than the 200th. and I treat all kinds of acute and chronic cases that any man treats. I will compare notes with any man in acute or chronic diseases, and I never use anything lower than the 200th.

I want to cite one case. My own boy had one of the worst cases of prolapse of the rectum that I ever saw. It seemed to be very slow and hard to cure. I consulted a number of Hahnemannians, but they could not help.

I watched that case for a long time before I found the remedy. At length a diarrhoea revealed the fact that *Mercurius sol.* was needed. That remedy in the 3m cured the diarrhoea, the straining and the tenesmus and at the same time I observed that the condition of the rectum was helped for two weeks. Then it came down again very dark and bloody with a tendency to sit and strain. I made the same improvement for three successive times with the 3m, each improvement lasting two weeks. Then I gave one dose of the same remedy in the 50th and the condition went away never to come back from that day to this and that has been four years ago. No one need tell me that there is not more power to cure in the 50m than in the crude drug or in the low potencies. I know there is.

P. E. Krichbaum :—I rather resent the tone of Dr. Holloway's remarks. He seems to be laboring under the impression that nobody but himself has any right to an opinion. I am just as good a homœopathic physician as he is, and would be glad to compare my results with his. . To make an idol of Hahnemann is sure to hurt the cause of true Homœopathy. I do not believe that Hahnemann was divinely inspired or that he knew everything that there is to be known. At the same time I believe that I pay him fully as great reverence as Dr. Holloway, but it is more rational.

L. P. Crutcher :—How high did Hahnemann himself go in the potency line ?

J. C. Holloway ;—I tell you that we if knew as much as Hahnemann did we would know enough to practice more successfully than we do.

—The Medical Advance.
Vol. XXVIII., No. 11.

LYCOPODIUM CLAVATUM.*

(N. O.—*Lycopodiaceæ*)

Common name. Club moss.

Habitat. Nearly all northern countries.

Triturations (as directed in the Pharmacopœias) are made of the pollen of *Lycopodium clavatum*, then dilutions. To convert into a liquid it is best to start with the 12x rather than with 6x as is the rule with other insoluble substances. It can be had in either forms, tincture and trituration.

Lycopodium was first proved by Hahnemann.

Therapeutic uses : Constipation ; hæmorrhoids ; Dyspepsia ; flatulence ; waterbrash ; catarrh ; pneumonia ; bronchial catarrh of infants ; otorrhœa ; tonsilitis ; catarrh of bladder ; nephritis ; gravel ; chronic hepatitis ; dropsy ; humid eruptions ; mercurial ulcers ; ophthalmia ; leucorrhœa ; glandular swellings ; caries ; rheumatism. *Atony. Malnutrition. Premature senility.* The chief characteristic of this remedy is an excessive accumulation of flatulence in the abdomen.

Generalities : *Emaciation* is the leading indication of *Lycopodium* ; it corresponds to Grauvogl's *carbonitrogenoid constitution*. Glands are thickened and hardened on getting feet cold. Tremulous sensation through body after eating. Discomfort,

* Pages from the Manual of Materia Medica, edited by Dr. N. C. Bose. Copyright to Messrs M. Bhattacharyya & Co., 84, Clive Street, Calcutta.

in every position at night, which vexes even to weeping; after eating. DESIRE TO GO INTO OPEN AIR. Aversion to rising in morning. *Weakness, in morning on rising, with heaviness.* AGGRAVATION BETWEEN 4 and 8 P. M., BETTER at 8 P. M. BUT WEAK; this is very characteristic of Lycopodium. "It is frequently useful in dropsies of the pericardium, pleura and abdomen. In general it is a remedy for persons who are emaciated than for those who are well nourished. It is very valuable for children who look wrinkled and prematurely old. General relief in open air." The Lyco patient cannot tolerate any exertion, *weakness after every effort.* Weakness after an emission, with trembling. It is particularly adapted to ailments that develop gradually, weakening functional powers associated with digestive disorders and functional disturbance of the liver. It is principally a right-sided remedy, and it meets many symptoms running from right to left. *Craving for everything warm,* is another remarkable symptom of this drug. Persons with weak muscular power but intellectually keen; weakly precocious children, are the best soil for the action of Lyco.

Mind: "It is a remedy of great value in mental torpor, especially valuable for old people, for forgetfulness of words and syllables, and confusion of ideas generally. Lack of mental steadiness: want of self-confidence. Great mental and nervous weakness, with physical relaxation. Melancholia. Hypochondriasis, often misanthropic and irritable. Very easily frightened and started." Ill humour

(*Nux v.*) ; *easily aroused to anger and scorn ; with violence ; with taciturnity.* *Anthropophobia* is so marked that she flees from her children. *Disinclined to talk.* *Fear ; all day ; in evening, of fancied images.* *Sadness* (*Nat. m., Ign.*) ; *with weeping and discontent ; with confusion of head.* *Despondent and weak.* CONFUSION ABOUT EVERY-DAY THINGS. *Difficulty of expressing himself, better evening.* *Inability to comprehend or remember what is read.* *Stupefaction* (*Op., Phos. ac., Sep.*). *Memory weak* (*Anac.*). *Forgets words* (*Bell., Kali brom.*).

Head : *Involuntary shaking of head, making him dizzy ; shaking head on stepping hard.* Every step is felt in head ; and a shock in brain on every motion. *Aching during hunger, better eating.* THROBBING AFTER EVERY PAROXYSM OF COUGH. (*Nat. m.*) ; during and after rising (*Bry. ; Puls.*). *Rush of blood ; in morning on waking.* SHATTERING IN TEMPLES AND CHEST DURING COUGH. *Aching and throbbing in occiput ; heaviness, better motion, with confused pain in forehead.* Occiput fills with blood after stooping. *Eruption on scalp, with swelling of cervical glands, Hair becomes very gray* (*Ars.*) ; *Dearborn* says, this premature grayness is preceded or accompanied by dryness of the scalp. *Great falling of hair* (*Gnaph., Sep., Sulph.*), but in other parts of the body it increases. According to *Lippe*, "Baldness after disease of the abdominal viscera and after parturition." *Boil on occiput.* *Scurf over whole scalp, which the child scratches at night till it bleeds.* *Itching ; and on face as far as beard.*

"It has been used in tubercular meningitis, sleep with half-open eyes and moaning. Chronic hydrocephalus, with screaming out in sleep, but without general Apis symptoms."

Eyes : We meet many important symptoms here. The eyes are sunken, and surrounded by blue rings, thus completing the picture of weakness and emaciation. *Inflammation, with itching in canthi, redness and swelling of lids.* DISTRESSING PAIN ON EYES GETTING DRY, WITH NIGHTLY AGGRAVATION (Sulph.). *Mucus, must wipe them to see more clearly* (Euphras.). *Dryness of lids, feeling as from dust, in morning on waking, with necessity to close them.* ULCERATION AND REDNESS OF LIDS, *with smarting lachrymation. Sensitiveness to day-light. Weak vision.* It is of great value in NIGHT-BLINDNESS (China, Verat. a. Phos.), especially when accompanied by *floating of black spots at a short distance from eyes* (Cycl., Sulph.). Far-sighted. Dim vision, as through a cobweb or fog, in morning; as from glutinous moisture in eyes which he cannot wipe away. Letters run together when reading.

It has been of service in "Polypus in external canthus. Catarrhal conjunctivitis. Purulent ophthalmia. with associated inflammation of the cornea in the chronic 'stage.'" It has benefitted many cases of 'hemeralopia dependent upon chronic degenerative changes in the retina.'" It arrests the progress of cataract, when associated with key-note abdominal symptoms of Lyco. Asthenopia.

Ears : Suppuration and discharge. Has cured numerous cases of chronic deafness, with and with-

out otorrhœa, especially after scarlet fever and measles. Polypus. Eczema of external ear, especially behind ear (Graph.). *Rush of blood. Sensitiveness to noise* (Sil.). *Roaring.*

Nose : It is useful, yet frequently neglected, remedy in nasal catarrh, especially in acute conditions. Coryza *worse* afternoon when walking, with heat in head, burning in eyes and cold limbs. STOPPAGE, *towards morning ; towards evening* (Puls.) ; CHILD'S BREATH IS OFTEN STOPPED IN SLEEP FOR FIFTEEN SECONDS, EVEN WHEN MOUTH IS OPEN. It is useful in acute coryza, with swelling of the nose externally and stoppage internally, the stoppage being especially *worse* at night. (Iod., Nat. carb., Nux v., Puls.). VIOLENT CORYZA. WITH SWELLING OF NOSE (Phos.) ; *with catarrhal headache. STOPPED AT NIGHT, SO THAT HE COULD NOT GET HIS BREATH. Watery coryza, with acrid discharge, alternating with stoppage. Smell acute ; even the smell of hyacinths causes nausea. Odor of crabs in nose on expectoration.*

Lyco. is very useful in "influenza, with stoppage of the nose, sometimes excoriating Stoppage of nose, when Lyco. symptoms are associated with a feeling of dryness posteriorly or with scanty excoriating discharge anteriorly ; it is not only valuable in chronic catarrhs, but is too frequently overlooked in acute coryza." *Dryness of the entire mucous membrane, worse evening, with stoppage at noon ; hardened mucus in nose ; blowing out of bloody mucus. "Stoppage of nose in diphtheria.*

Polypus of nose. *Fan-like motion of wings of nose in pneumonia (Phos.).*"

Face : *Yellow (Chelid., Sep.) ; pale and puffy. YELLOWISH GRAY. It takes a sickly color ; emaciated, and pinched. Ulcer on vermillion of the lower lip (Sulph.). Itching pimples on upper. Tearing pain in cheek-bones.*

Mouth : *Teeth yellow (Iod., Nit. ac.) ; they loose, with easy bleeding of gum. Toothache, as if suppurating WHEN CHEWING AND ON TOUCH, with sensitiveness ; drawing, better warm drinks. Throbbing pain at night ; after eating ; with swelling of gum. Profuse bleeding from gums when cleaning teeth (Iod., Merc., Carbo veg.). Tongue coated white. (Bry., Ant. cr.), with prominent papillæ ; in morning, with bad taste ; with acidity in mouth. VESICLES ON TIP (Nat. m., Sulph.). Larity, with heaviness of tongue. Dryness, without thirst. Bad odor. Salivation, from sublingual glands ; from submaxillary glands, with tension in submaxillary region which was sensitive to touch. Saliva tastes salty ; dries up on palate and lips to a tenacious mucus. Taste bitter (Puls., Bry., Chel., Sulph.) in morning. Taste sour, after eating (Puls.) ; after drinking milk ; on drinking cocoa ; Sour taste to all food. It is a valuable remedy in acid dyspepsia.*

Throat : *FEELING AS IF A BALL ROSE FROM BELOW INTO THE THROAT (Ign., Nux mos.). THROAT FEELS CONTRACTED, NOTHING GOES DOWN ; TOO TIGHT FEELING ON SWALLOWING, FOOD AND DRINK REGURGITATE THROUGH NOSE. Dryness. Constricted feeling in pharynx, with difficult swallowing of liquids*

(Chelid). *Mucus, in pharynx ; in fauces ; with inclination to swallow. Hawking of mucus ; thick, yellow, offensive, easily expectorated ; in small greenish-yellow masses. Swelling and elongation of uvula. Ulceration of tonsils ; like chancres.*

It is to be thought of in "tonsillitis, especially of the right side ; tonsillitis assuming a diphtheritic character, beginning on right side, patient *worse* about 4 P. M., especially with fan-like motion of wings of nose and stoppage of nostrils. Diphtheria of right side, with stoppage of nose, albuminuria, œdema of face, hands and feet (following scarlet fever).";

Stomach : In the stomach and abdomen *Lycopodium* has some very prominent symptoms and some of these are very likely to be present whenever the remedy is indicated, irrespective of the patient's complaint and the region of the trouble. There may be GREAT APPETITE (like Iod. and China). THEN DISTENTION OF ABDOMEN. Appetite may be LOST, and whatever she eats goes against her, even to vomiting. The patient *eats hastily*, SUDDEN SATIETY *after a little food*, WITH THIRST, *heaviness in stomach and distention in abdomen. Aversion to coffee and tobacco ; to solid food, especially meat ; to bread (Nat. m.), then develops aversion to all food. Lyco. patient prefers warm food.*

Frothy saliva, *with dry lips and dry mouth. Thirstlessness* (Puls.). Eructations INCOMPLETE, BURNING, RISING ONLY INTO PHARYNX WHERE THEY CAUSE BURNING (Puls., Phos., Nat. m.). SOUR

ERUCTIONS, *the taste of which does not remain in mouth*, BUT THE ACID GNAWS THE STOMACH. WATERBRASH (Bry., Sil., Sulph., etc.). Eructation of milk taken in morning lingers, with scraping-clawing taste in throat. HICCUGH (Amm. m., Cycl., Ign., Nux v.); after supper; after every meal. DIGESTION SLOW. DISCOMFORT AFTER EATING A LITTLE. Anxiety in pit. *Heartburn*. DISTENTION AND CRAMP. *Nausea every morning fasting* (Sil.). Here is a remarkable feature, the Lyc. patient *cannot tolerate fasting*. Vomiting of food and bile; *worse during menstruation*.

ALLEN points to "Canine hunger, but attempt to eat is followed by flatulent distention and inability to take more food, or sometimes the flatulent distention immediately takes away the appetite, or sometimes a feeling of constant satiety, he feels too full before he has eaten anything and cannot eat. Acid dyspepsia (Mag. c.), the region of the stomach becomes distended and extremely sensitive to touch. Gastralgia. Chronic dyspepsia, solid food causes excruciating pain and sometimes vomiting. Atonic dyspepsia, with bloating. Chronic gastritis, with burning pain and waterbrash. Scirrhus indurations of pyloric orifice of the stomach, with vomiting of blood, burning and extreme flatulence." These symptoms are mostly associated with marked eructations so characteristic of the remedy.

Abdomen : Cannot eat to satiety, as it causes unpleasant and distended feeling in hepatic region. DISTENTION (Carbo veg., Graph., Mag. c., Sulph.). *after eating, with tension, better* EMISSION OF FLATUS.

FLATULENCE, *here and there, in hypochondria.* better empty eructations. Gurgling. *Emission of flatus,* offensive ; sulphurous. *Pain, worse region of transverse colon* (Sep., Petrol.). TENSION ; AND INCARCERATION OF FLATUS. WEIGHT IN LEFT HYPOCHONDRIA WHEN WALKING, SITTING AND LYING, NOT AFFECTING BREATHING. Glandular swelling in groins.

T. F. ALLEN, in his clinical notes, says that Lyco. has been "palliative in cirrhosis of liver. Abdominal flatulence, with much rumbling and pains of various sorts. Chronic inflammation of the liver. with enlargement, heaviness and pain. It has proved palliative in strangulated hernia, with great distention and retching." Its use has been known to make hernia easier to reduce than usual, though constantly protruding. It is very serviceable in *gall-stone colic* ; also in *abdominal dropsy* from chronic hepatic disease. Brown spots, particularly on abdomen, a symptom peculiar to Lycopodium in hepatic disorders."

Rectum and Anus . *Discharge of blood during stool ; even during soft stool.* RECTUM PROTRUDES DURING HARD STOOL (Nat. m. ; Nux v.). *Cramps, like labor-pains in rectum and in small of back.* Inactivity at stool. ANUS PAINFULLY CLOSED (Sil., Nux v., Nit. ac.). *Hæmorrhoids swollen ; protruding, burning, sticking ; protruding during soft stool ; painful when sitting ; PAINFUL ON TOUCH.*

Very useful in "hæmorrhoids which become very painful when sitting, with distention of abdomen and mental depression. Hæmorrhoids which frequently bleed, even when the patient is

not constipated. Rectal fistula has occasionally been cured."

Stool : Usually *hard*, difficult and scanty. Crumbly. FIRST PART LUMPY, SECOND SOFT. Stool difficult, from constriction of anus ; painful accumulation of flatus in abdomen. "It is occasionally indicated in diarrhœa." Stool yellow, frequent, painless, undigested, fetid, with flatus ; sometimes green, and offensive ; or may be mixed with hard lumps, with tenesmus and burning from anus deep into rectum. "The attempt to evacuate the bowels causes severe pain in anus ; anus and rectum seem constricted (Sil.)."

Urinary Organs : *Frequent desire to urinate*, at night, with scanty discharge ; with pains before and after micturition, urine lemon colored. *Burning during micturition*. Dark brown urine, with sediment of mucus ; *only a teaspoonful at a time, wants to pass it, but cannot*. Copious sediment of RED OR REDDISH-YELLOW SAND in urine, is characteristic of this remedy.

Involuntary urination at night while dreaming that patient was at the urinal. Interrupted stream and subsequent dribbling, painful during last drops.

Very valuable in "Chronic cystitis, with a milky deposit of bad odor. Tendency to formation of calculus in bladder has been cured. Dysuria in children, especially with scanty deposit. Hæmaturia, caused by gravel." Retention of urine (Nux v.), especially when there is history of gleet. Renal colic of right side. It is also useful in uric acid diathesis, if there are deposits of red sand." Chronic

inflammation of prostate, with more or less inflammation of the bladder. ALLEN points out that it is frequently indicated in chronic Bright's disease, with œdematous extremities and the gastric derangements characteristic of the drug.

Male Sexual Organs : *Penis small, cold and without erections.* Discharge of prostatic fluid, with lasciviousness without erections. Redness and inflammation of prepuce. *Itching on inner surface of prepuce.* Erections, with relaxed scrotum ; without inclination to coition, and weakness after coition. *Desire diminished, as also the power, even voluptuous thoughts cause no erection.* These symptoms constitute a picture of *impotency*, in which condition Lycopodium acts wonderfully well and wins many grateful patients to the doctor. "*Falls asleep during coition : without emission,*" is another peculiar symptom of Lyco.

"Sexual exhaustion and loss of appetite, especially after chronic gonorrhœa or cystitis." LILIANTHAL refers to it as the "old man's balm."

Female Sexual Organs : *Menses to early ; and scanty ; or delayed, prolonged.* Pudenda feel swollen during menstruation, with itching. Inflammation of ovaries. Burning in vagina during and after coition. Chronic inflammation of uterus, with discharge of gas from vagina. This symptom of *the passing of gas from vagina* is an individual symptom of Lyco., not known to occur in any other remedy. It has been found palliative in *cancer of uterus*

It is a valuable remedy for vaginal catarrh. *Leucorrhœa*, especially with burning in vagina. Before full moon, frequent discharge of blood-red leucorrhœa. *Milky leucorrhœa*, associated with the abdominal symptoms of this remedy. Chronic vaginal catarrh, with dryness and burning. Useful in varicose veins of pudenda. It is occasionally indicated in fibroid tumors of the uterus.

Lycopodium has been occasionally found useful in *suppression of menses*, with great flatulence and other symptoms. In *dysmenorrhœa*, with bloating, constipation, low spirits, etc. Neuralgia of the ovaries, when confined to the right side, or starting there and travelling to the left.

With the troubles relating to the female sexual organs, we should mark flatulence, abdominal symptoms and melancholia, as confirmation for prescribing Lyco.

Respiratory Organs : We studied the utility of this drug in acute nasal catarrh. It is useful in acute catarrh of the respiratory organs. *Itching tickling in larynx, compelling forcible cough. Irritation to cough as from sulphur fumes ; and from deep breathing. Hoarseness, worse afternoon. Nasal speech. Its cough is worse evening, by motion and lying on right side, with difficult respiration ; more prominently AT NIGHT, worse BEFORE SUNRISE, AFFECTING STOMACH AND DIAPHRAGM. Like Phosphorus it has violent cough, with tightness of chest, and fatiguing. Paroxysmal, from tickling in larynx. Yellowish purulent expectoration. with rawness and*

sore pain in chest. With nightly cough, hawking of thick, firm, yellow mucus from throat, pharynx and trachea. Expectoration GRAY, SALT (Sep., Calc. c.) ; or thick, yellowish mucus from bronchi in morning (Calc. c.). Respiration *short, difficult* ; DYSPNŒA AS IF CHEST WERE CONSTRICTED BY CRAMP.

Lycopodium, says Allen, is useful in chronic bronchial catarrh, "especially in old people," dyspnœa. Chronic bronchial catarrh, *worse* 4 P.M. ; cough, with free expectoration. *Subacute pneumonia*, with great difficulty in breathing, and fan-like motion of wings of nose, patient *worse* when lying on back. Hard, dry cough, day and night, with emaciation. Cough rather *worse when going down hill* than up. This is quite a unique symptom of Lyco. Many cases of phthisis pulmonaris, characterized by the persistent abdominal symptoms, have been cured.

Oppression of chest, worse deep breathing. Tightness, *worse* moving about ; *worse* after walking in open air. with loud thumping of heart. Palpitation, *in evening in bed.* Allen says that carotid aneurism is reported to have been cured (Baryt. c.). *Pulse rapid ; with coldness of face and hands.*

Neck and Back : *Swelling of cervical glands, internally and externally ; hard on sides. Pain in nape, with stiffness, of left side. Pain above hips ; in kidney region, worse pressure ; in morning on rising during menses, so that she could not move.* "In *lumbago* it is especially useful after Bryonia."

Extremities : "A valuable remedy in chronic rheumatism, always *worse* till evening and in

warmth, pains *worse* right side. Chronic gout, with chalky deposits in joints. Chronic rheumatism of hands; hands and fingers swollen and stiff, etc.," Spasmodic contraction and extension, almost without pain. *Stiffness of all joints* (Zinc.). *All joints are affected.*

Axillary glands swollen. Tearing. in joints; during rest, *and in elbows.* Sticking in left shoulder, elbow and wrist all day. Pain in thighs. *Swelling of knees; stiffness in hollows in morning on rising.* Sticking in ankles as if sprained when walking. *Swelling of the feet, worse right; of backs of feet.* Sore, painful indurations on heel. Appearance of corns. Painful corn. Pain as from a stone under heel on stepping. *Smarting sore pain between toes* (Sil.). Sore-pain in toes, *worse walking.*

Skin: Freckles on face, more on left side and across nose. *Itching 'liver' spots.* Redness of fingertips with swelling. *Brown spots* on inner side of *thighs*, close to scrotum. Eruption about mouth; scaly, bleeding, on face and corner of mouth. URTICARIA. Pustules. Boils. *Skin unhealthy; corrosive vesicles. Sticking itching, worse scrotum.* It has been successfully used in "Eczema, herpes; psoriasis; nævus (Fluoric. ac.) lupæ; phagedenic ulcers; impetigo; varicose veins and ulcers, with œdema; carbuncles; intertrigo." In these skin conditions the remarkable concomitant is *aggravation from heat and hot applications.* In eczema and psoriasis, with *itching and easy bleeding, worse warmth, better from cold or in open air.* Useful in

intertrigo, 'especially under the arm, between the thighs and on the scrotum.' (DUNHAM.)

Sleep ; *Unrefreshing. Anxious cries ; laughing aloud ; weeping, with unintelligible words, in sleep. Starting up on falling asleep. Sleep, with mouth open ; always gets on his back at night in sleep. Sleep full of dreams ; frightful : anxious ; of murder ; voluptuous, with erection and emission ; that she felt the irritation of coition, Nightmare.*

Fever : It is frequently indicated in "chronic malarial fever, paroxysms recurring at 4 P. M., there is general nervous irritability, with thirst, red sand in urine, enlargement of spleen. sour vomiting, teasing cough, the chill often beginning in the back." We may also find *slight chillness in evening, then violent and long lasting heat, weariness and pains in limbs. Shaking chill in evening, beginning in back, with cold hands and feet, cannot get warm in bed for two hours, tearing in limbs worse, with nausea and constant yawning ; sometimes general gooseflesh. Heat in flushes ; BURNING BETWEEN SCAPULÆ AS FROM HOT COALS (Phos.). Sweat over whole body ; sourish after midnight, worse chest ; offensive exhalations as from onions. Whether in fever or otherwise, Lyco. patient is prone to sweat much IN FEET till they become sore (Calc. c., Carbo v., Iod., Phos., Puls., Sep., Sil., Sulph., Thuja). HERING draws attention to its thirst "after the sweating stage."*

ALLEN found it useful in suppurating fever. It is occasionally indicated in *typhoid fever* with

distention of abdomen, red sand in the urine, great mental depression, lower jaw hanging down, etc.

Its duration of action is forty to fifty days. Hahnemann says that "it is *especially efficacious* when it is homœopathically indicated *after* the previous use of *Calcareæ*" (Chronic Disease).

Modalities :

Aggravation : All symptoms are aggravated from 4 to 8 P.M.; after eating ; while sitting ; on lying down ; right side. Its troubles run from right to left, from above downward. *Worse* from heat, hot air, warmth of bed and warm applications ; but its throat and stomach feel better from warm drinks ; on beginning to move (Rhus).

Amelioration : From continued motion (Rhus t.); after 8 P.M.; from warm food and drink ; getting cold ; being uncovered.

Antidotes : Camphor, Caust., Puls., a cup of coffee. It is antidotal to Cinch.

Similar : Ars., Bell., Bry., Calc c., Graph., Hep. s., Merc., Nat. m., Nat. a., Nux v., Petrol., Phos., Puls., Rhus t., Sil., Sulph.

Dose : Thirtieth to the highest potencies. Should not be repeated too frequently.

The Rule of Systemic Motor and Sensory Training in certain Mental Diseases of Children.

[E. A. FARRINGTON, M. D.]

As physicians, in the broadest sense of the term, we are concerned not only with the alleviation of pain and the cure of disease, but also with the upbuilding of health and the improvement of bodily efficiency. To obtain satisfactory results in this work it is necessary to begin with the child, and we are thus called upon to solve problems and deal with conditions that are closely related to the field of education. The most important problem to be met in this connection is that of the development and training of the motor and sensory apparatus. In perfectly normal and healthy children this development may without great harm be left to itself, for motor activity and coordinate control come spontaneously with the common games and plays of childhood, and sensory development is unconsciously brought about by contact with the child's environment. But even if this be true, systematic training of these activities during childhood is of the highest benefit in after life. We are accustomed to educate the voluntary muscular system; the usefulness of this procedure is universally admitted. But the sensory apparatus is commonly much neglected. Professor Charles W. Eliot, in discussing Education for Efficiency,

(Riverside Educational Monographs, 1909, P. 6) says : "The training of sight, hearing, smell, taste and touch has been neglected in education to an extraordinary degree. Quickness and accuracy in all the senses are of high value to the individual throughout life ; and in innumerable cases some slight but unusual superiority in one or more of the senses becomes the real basis of success in life."

If this training be necessary for the normal child, how much more is it necessary for the child whose physique is impaired by deformity or disease, and whose motor and sensory mechanisms are rendered inefficient by weakness or defect ?

In no class of cases will the physician be called upon to utilize his best knowledge upon this subject more adroitly than in those mental affections of childhood commonly grouped together under the name of mental defect, or, as it is better styled, mental subnormality. Mental subnormal children very rarely show any spontaneous tendency to clearly co-ordinated muscular or sensory activity, and yet the prognosis of such cases must be based almost wholly upon the possibilities of development of the sensory-motor system. Failure to recognize this fundamental fact has brought about permanent defect in many a subnormal child who might otherwise have been made a useful member of society.

In all forms of mental subnormality it is a familiar axiom that "after treatment comes training." It is the physician's duty, therefore, when

acute symptoms have subsided and chronic conditions have been controlled, to prescribe a suitable and adequate system of training to meet the requirements of the sensory-motor apparatus, and it is the purpose of this paper to outline a series of exercises of this kind that have been found particularly useful in dealing with the class of cases in question.

These exercises are based largely upon the experience of the founder of the Bancroft Training School, who has studied the problems involved in this subject for more than twenty-five years. The exercises have been shown to be of value in all forms of mental defect, whether due to inherited conditions or acquired diseases. They are especially useful in cases of cerebral or cerebrospinal meningitis, encephalitis, intracranial hemorrhage or other conditions accompanied by some form of hemiplegia. In children of the malnutritional type, also, where rachitis or marasmus has occurred in early life, much can be accomplished. Cases belonging to the hypothyroideal group, such as mild cretinism, mongolianism, certain forms of obesity, etc., are all greatly improved by these systematized motor and sensory exercises.

One of the fundamental principles of this system of training is that all motor and sensory activities are, for the purposes of development, considered to be purely physical. They are treated simply as physical exercises. We are accustomed to think of muscular activity in this way, but the connection between the senses and such psycho-

logic faculties as attention, association, memory, etc., and their close correlation in text-books on psychology, has led us commonly to regard sensory phenomena as being psychologic rather than physiologic, and as involving mental rather than physical states.

While it is true that this relation between mental faculties and physical functions is remarkably intimate, so intimate, in fact, that the latter may be exercised and developed by training the former (the method usually followed in our kindergartens), nevertheless in mentally subnormal children this connection must be temporarily lost sight of if the best results in motor and sensory training are to be gained. The organs of special sense, the afferent nerve-pathways, and even the sensory centers of the cerebral cortex, may be *exercised* by appropriate means, although the child may be totally unconscious of their nature and significance. The nutrition of the structures involved may thus be improved, their tissues developed and their functional efficiency raised, exactly as we are accustomed to see done with the muscular system in the gymnasium.

Motor training by means of graded and systematized floor and apparatus work in the gymnasium is of the greatest value in the development of subnormal children. Many of them are able to do only light work, but this can be carefully selected and applied, so that the structures in need of particular attention may receive it without overtaxing the nervous, circulatory or other systems.

Hemiplegic cases may be given special exercises for the affected side, foot, leg, trunk, hand, arm and face exercises being included. In addition, these cases may have corrective work in the form of passive movements, massage, and if possible vibratory and electrical treatment. Series of simple exercises may be worked out, adapted to the peculiar needs of each child, and these may be so selected that they may be carried on in the home with only the simplest possible apparatus.

All of these methods of motor training are so familiar to the physician that they need not be dwelt upon here. There are, however, a few special exercises that deserve mention. In diplegic or marked hemiplegic cases it may be necessary to spend much time in training the child to walk. This has been accomplished with good success in our school by a device composed of head and shoulder straps attached to a tackle running upon an overhead bar or track. After placing the child in this apparatus so that the feet rest fully upon the floor, it may be necessary for the instructor to move the feet and limbs, imitating the movements of walking. This should be persisted in daily until the movement becomes spontaneous. It is remarkable what may be accomplished in this way if time enough is allowed.

Another walking device consists of a platform about fifteen feet long and two feet wide, raised five or six inches from the floor. At appropriate intervals in this platform oblong holes are cut through to the floor in such manner that they are

adapted to the angle of eversion of the foot and the length of the step while walking. They are lined on the sides with wood, and look much like footsteps in deep snow. The child is required to walk over this platform, placing the feet in the holes. The exercise requires the feet to be lifted several inches at each step, and helps to overcome the dragging of the lower limbs, so common in paralytic cases. Still another apparatus is composed of a plank two inches thick and ten feet long supported on edge about a foot from the floor. The child is required to walk along the edge of this plank with little or no assistance, and is thus encouraged to co-ordinate the muscle-groups involved in the maintenance of equilibrium. Spontaneous hand, arm and shoulder movements, particularly of the co-ordinative type, are often difficult to develop. Even the simple act of prehension is sometimes wanting. The muscles involved in the grasping movement may be developed by a special form of glove containing stiff rubber elastic bands attached to the back of each finger and fixed firmly by a wristband. These bands act a little like the extensor muscles of the fingers and wrist, the flexors being required to contract against resistance. Grasping may be elicited by offering the child an object that arouses interest, such as an apple or a toy.

Lifting and carrying heavy objects, if systematically performed, is a most useful form of elementary motor training. The best objects for this purpose are some round cobblestones about six inches in

diameter, some Roman bricks and a few wooden cylinders measuring six by ten inches. These are all heavy enough to necessitate the use of two hands. With these objects a series of exercises consisting of simple lifting, lifting and placing, carrying to a definite spot, piling, building, etc., may be worked out that can be taught to any subnormal child who is able to walk. This training lays a foundation for the finer co-ordinative exercises of block-building, clay modeling, etc.

The more complex motor activities may be developed even where physical stigmata are marked, by careful attention to suitable apparatus and by persistence in regular exercise. Simple and complex peg-boards, sewing-boards, etc., are all of great value. All of these objects should be very large. The common apparatus used in the kindergarten is too small even for the normal child, and is quite useless in the hands of the subnormal. The pegs for peg-board work should measure not less than $2\frac{1}{2}$ inches in length and $\frac{1}{2}$ inch in diameter. The child should be able to grasp them with the whole hand. The sewing-board consists of a light pine board 14 inches square, in which are several rows of $1\frac{1}{2}$ inch holes well reamed out on both sides. The child is taught to pass an 8 inch wooden needle, "threaded" with soft $\frac{3}{8}$ inch rope, in and out of these holes, imitating various stitches. A child who would find it impossible to take a single stitch with an ordinary needle will learn to use this board in a few weeks and by changing to smaller apparatus will eventually be able to sew very well.

The weaving-board is a 20 inch frame covered with 1½ inch webbing, stretched tightly across in one direction only. The child is taught to weave a long flat needle in and out across the bands of webbing, drawing through detached strips of webbing, the final result being much like a very large kindergarten mat. The webbing may be dyed to form appropriate combinations of color.

The value of these forms of co-ordinative motor training lies not alone in the fact that they develop the motor apparatus, and help the child to acquire facility in the complex movements necessary in daily life. They are also important because of the relation between motor activity and mental growth. They stimulate nutrition in the motor areas of the cerebral cortex, wake up the gray cells of the cerebellum, and encourage the formation and active functioning of association fibres. They thus indirectly aid in the development of memory, thought, will and other mental faculties, Dr. Boris Sidis is of the opinion that motor elements form the nucleus of consciousness. He says in this connection : "Motor consciousness forms the main body of our mental activity. * * * The great majority of mankind still leads a life closely allied to animal sensori-motor states. Instance the delight of children in their play, and the all-absorbing interest of college students in their baseball and football games. Even in the highest and most developed forms of mental activity, motor ideas and representations are by far the most predominant. Without motor elements ideational

life is arrested. It is these sensori-motor and ideo-motor elements that constitute the stream, the flow, the current of our mental life. Motor elements enter freely into combinations with all other elements of mental life." ("Analysis of Sleep." Bories Sidis, Boston, 109.).

The training of the special senses is best carried on by drilling one sensory mechanism at a time. Keeping in mind that the chief aim is development of physical structures, the exercises and apparatus are to be selected with a view to excluding as far as possible every apperception, association or memory concept, except those related specifically to the sense under training.

In training the visual sense the aim should be to develop speed and accuracy in the recognition of form, color and arrangement. For this purpose the following objects are selected: A sphere, a cube, a cylinder, a pyramid and a cone. These objects should be of good size (not less than three inches in the smallest dimension). They should be of one color, and if color-training is associated with exercises in form, a set of models in each color should be provided. A square of dull black felt should be at hand as a background for the objects. Geometric forms are selected for these exercises because they are almost entirely without associational relations in the child's mind. The results of the training are thus due to the exercises only, and not to associated memories, and the progress of the work can hence be safely measured.

In the first exercise a white sphere is placed upon the square of black felt, hidden beneath an appropriate cover. The pupil is seated about 30 inches from the object, and is required to name it after it has been uncovered a short time and then re-covered. The other forms are treated in like manner, the period of exposure being shortened as the pupil becomes familiar with the exercise. The color of the objects may be varied, and several models may be used in a group, the order of their arrangement being changed. When these exercises can be readily performed, correlation with familiar objects may be introduced, and similar exercises with other objects may be introduced, and similar exercises with other objects attempted. These exercises afford an efficient training for the visual apparatus, not only as regards the retinal and central structures, but also the mechanism of accommodation. Children who can not even talk will in time learn to recognize the objects, and will show their recognition by pointing out a similar object in a group of forms.

In training the color-sense the hypothesis of Hering has been adopted as a provisional basis for the exercises, this being the theory that comes nearest to covering the facts. The accuracy of all of Hering's conclusions may perhaps be disputed. Nevertheless, in practice the application of his general theory certainly appears to accomplish results. Hering's three chromochemical substances are accordingly made the basis of the color-training, and the exercises are planned to develop their

quantity, activity and distribution. The colorpairs, green-red, blue-yellow and black-white, are used at first separately, the anabolic and catabolic colors being alternated. Later they are used in combination, and the training carried on to a series of carefully graded exercises in the recognition of the six fundamental spectral colors, and the differentiation of their respective hues, tints and shades. In these exercises the old color theory of Brewster, involving primary, secondary and tertiary colors, is discarded for the more rational classification based upon the spectrum.

The auditory sense is developed by systematizing various sounds. Different instruments, such as the bell, rattle, horn, drum, triangle, etc., are utilized. The child is first taught to make the sounds himself. He is next required to listen while they are repeated without his being able to see their source, and he is then directed to indicate upon which instrument the sound was made. Many exercises may be introduced in this way. The chief points aimed at in the training are the accurate recognition of quality, intensity and pitch.

Gustatory and olfactory training are carried on together. The four gustatory fundamentals, sweet, bitter, salt and sour, are first developed; then a large number of stimuli are introduced, the vivid and striking being used first. A surprising degree of skill in detecting shades of difference may thus be obtained. The child is, of course, to be blindfolded during the exercises, and is required to depend entirely upon the sense under training for

his conclusions. In gustatory exercises it is well to select stimuli that are non-volatile. as the possibility of recognizing the substance by simple olfaction is thus minimized.

Pressure, muscle, stereognostic and temperature-senses, which, in combination with pain sense, are commonly grouped together as "touch." should be trained separately.

Pressure-sense is developed by teaching the pupil to recognise such differences in objects as rough, smooth, hard, soft, elastic, etc. The exercises are performed by introducing two or more objects into a small cloth bag and requiring the child to insert one hand and select, by means of pressure-sense only, the rough, or smooth, or hard object, as the case may be. These objects should be alike in every respect, except the particular quality to be studied. In this way the pupil may finally be taught to make comparatively fine distinctions, such as recognizing raw cotton, raw silk, wool, hair and fur, and differentiating cotton, woollen. linen and silk fabrics of various kinds.

Muscle-sense may be readily trained by using pairs of objects, each pair being of different weight. The best results have been obtained by using large cubes and pyramids (with square bases), colored white and carefully loaded with lead, so that a cube and a pyramid constitute a pair, each object of the pair equal in weight to the other, but differing noticeably from the other pairs. Bottles painted

white on the inside and loaded with shot set in paraffin, or, in fact, any other suitable objects, can be employed. The chief points to be remembered are that the objects must be so constructed that they form equally weighted pairs, each pair differing from the others in weight, but resembling them in every other respect. All the objects are set before the child, and he is required to separate those of equal weight into their respective pairs. This he can do only by lifting the objects and measuring their weight by his muscle-sense. The exercises may be multiplied indefinitely. If cubes and pyramids are used, the pyramids should be set upon the cubes of like weight; the pupil may then be taught to arrange the pairs in a row, the heaviest at one end, the lightest at the other. These blocks or bottles may be utilized in developing the appreciation of weight by pressure-sense. The exercises should be the same as those above mentioned, except that instead of grasping and lifting the objects, they should be placed upon the upturned palm. In these exercises the back of the hand should rest upon the table, in order to eliminate as far as possible muscle-sense, which under ordinary circumstances is combined with pressure-sense in the estimation of weight. For training more extensive muscle-groups with heavier weights, tightly covered baskets, alike in every respect, but differently weighted with pebbles, may be employed. For example, the pupil may be directed to select the heaviest basket from a group of three and carry it to the teacher.

Stereognostic-sense may be brought to an excellent degree of development by placing in the black bag above mentioned several small objects which the pupil is required to recognize by introducing the hand into the bag and examining the shape of the object with the fingers. It is best at first to select geometric forms, such as the sphere, cube, cylinder, etc., using only three or four at a time. Later common objects of many kinds may be employed with advantage. The game in which the children are blindfolded and made to name various large objects, such as the furniture in the room, etc., is also a useful exercise in stereognosis.

The apparatus for the exercise of temperature-sense consists of six or eight vessels of similar form and color. Ordinary white enamel pint cups serve the purpose well. These vessels are to be filled with water of different temperature. Two vessels should be used at first, one containing hot water, the other cold. When these have been made familiar to the pupil a third may be introduced containing lukewarm water, and finally the cups may be filled in pairs and the child directed to group them properly according to their temperature. The possibility of the pupil recognizing the difference in the vessels by their appearance, position or the amount of water in them should be carefully guarded against, so that temperature-sense will be the only sense available,

It is to be understood that in all the exercises described above, where the hand is employed, first

one hand and then the other is to be exercised. When possible both hands may be brought into play.

The exercises here described afford but an imperfect idea of the scope and varied usefulness of motor and sensor training in the development of the mentally subnormal child. Some physicians have thought such training a foolish waste of time and energy; but this has been because they were not in a position to observe results. It is difficult to believe that a year's persistent and systematic application of the exercises here described can so fully arouse the sluggish and uncertain mental faculties of almost any one of these children. Interest awakens, perception becomes sharpened, memory grows active, association broadens, voluntary control on every plane begins to assert itself. The impulse to make something, to perform some deed, to win some goal, to accomplish something worth while—the great push and urge toward constructive activity—all these may be seen stirring into life under the hand of thorough training. Nor is the training difficult. The application of a few general principles, if properly made, will enable any physician to work out exercises, applicable to his case, that can be performed under his direction by a teacher or relative in any home not actually poverty-stricken.

Of course, miracles are not to be expected. Many cases improve so slowly, and some so little, that great achievements can not be claimed for

them. But the majority of cases—and there are thousands scattered over the land—can be brought to a level of activity and usefulness by such training not only above the expectation of the physician, but beyond the hope of the parents.

The Medical Advance,
Vol. XXXVIII., No. 7.

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SOME CLINICAL EXPERIENCE WITH SINAPIS NIGRA.

H. M. Bunting, M. D.

Given a condition of acute coryza, with sneezing, lachrymation, itching, smarting, soreness and pressure of eyeballs, dryness of nostrils with stoppage, especially of left, and a scanty thin acrid discharge, with hot, dry feeling in the pharynx, hacking cough, and rawness in the throat with desire to clear it, hoarseness, a tired feeling all over, lassitude, and general done up feeling, I know of no more efficient remedy than *sinapis nigra*.

For two years it has met a condition of beginning cold in cases where Aconite, Capsicum, Cepa, Gelsemium, Nux vomica and other remedies closely allied in their symptomatology failed to relieve, and in failing the catarrhal condition would extend to the mucosa of the larynx and bronchi, with the condition designated by my patients as the "Cold has gone down and settled on my chest."

In the period before mentioned, I have repeatedly checked what would, in my experience, have otherwise resulted in a cold and cough which in

many instances, would have taken many weeks to cure.

I have relieved and cured more cases with this remedy, where the symptoms above indicated were complained of together with heat and fulness of the head, general tired feeling all over, and the complete and very common picture of a beginning coryza, than with any three other remedies.

I believe it to have a sphere of action closely allied to Aconite, Capsicum, Gelsemium and Nuxvomica, but it will be found to benefit cases where we have fallen into the too common habit of administering these or other better known remedies.

The cure of an incipient catarrhal condition of the mucous membranes of the eyes, nose and throat is a most important and praise-worthy object, when we reflect that if such a condition continues, it may affect the bronchi and lungs of an individual.

The sphere of action of sinapis with me has been solely in these incipient and early stages, and when a case presents itself, as many do, with a thickened white or yellow nasal discharge, or when cough and expectoration are the more prominent features, when, in other words, the case is not seen in its beginning with the catarrhal symptoms of the head most prominent, I do not think it has any curative field of action.

In this short sketch I merely wish to call your attention not to a new remedy, but to one that I believe to be far too infrequently used.

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**The Dunham Homoeopathic Medical
College and Hospital.**

DOCTOR OF HOMOEOPATHIC MEDICINE AND
CHRONIC DISEASES (M. D. C. H.)

Result of the Final Examination : 1940-41.

In order of merit :

1. Jyotirmoy Patra (*Gold Medalist.*)
2. Jyotish Chandra Das.
3. Kanai Lal Banerjee.
4. Nitai Chand Mondal.
5. Mrs. Sudha Debi.
6. Harsha Nath Das.
7. Suresh Chandra Biswas.

PASSED AT THE SUPPLIMENTARY EXAMINATION.

1. Abani Bhusan Samadder
 2. Kashi Nath Saha.
-

Result of Final Examination : 1941-42.

In order of merit :

1. Sitansu Kumar Bose.
2. Kanai Lal Das.
3. Madan Mohan Dutta Chowdhury.
4. Provash Chandra Ghosh.
5. Alfred Gomes.

PASSED AT THE SUPPLIMENTARY EXAMINATION.

1. Amulya Ratan Naug.

REVIEW OF BOOKS.

THE STUDY OF MATERIA MEDICA AND TAKING THE CASE, C. M. Boger, M. D., pp. 24, published by Roy & Co., Bombay. Price not mentioned.—Boger's name is an inspiration to the conscientious and careful Homœopathic physician who aspires to be an accurate prescriber. This little brochure gives in succinct and summary way sound practical instructions for the study of Homœopathic materia medica, and the method of case-taking which is *sine qua non* for every successful prescription. The brochure is worth many times its weight in gold. It should be on the table of the senior practitioner for a refresher and of the junior for a guide and incentive to deeper study of Homœopathy.

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DISEASE AND DIET, pp. 128, by Dr. S. J. Guzdar and published by the author from 226 Bowbazar Street, Calcutta. Price not mentioned.—It is a store of valuable informations in a nutshell, which he has gathered from great authorities on dietetics and arranged systematically for easy reference. Of particular interest are the chapters on Vitamins of the principal articles of diet and results of vitamin deficiency, on the mineral contents in food and results from lack of them, and on the healing virtues in vegetables. The book should prove useful to the students of our Homœopathic Colleges.

RELATA REFERO.

The 1941—42 session of the Homœopathic Colleges in Calcutta terminates this month. Their new session usually commences about the middle of June.

* * * *

Some students of these colleges are leaving their *alma mater* after completing a full four-years course of study and having passed the final examination. They will now adopt a noble yet venturesome profession, and I, while cordially welcoming them in their new sphere of life, wish them health, wealth and happiness.

* * *

These new doctors during their student career advisedly kept themselves alienated from the students of other similar colleges, in the interest of the authorities of the respective institutions. Now, in their own interest they must shed their aloofness and combine into a potential association for protecting and enhancing the interest of their profession, while each standing on his own legs and thriving on his own merits.

* * *

They have witnessed the futility of divisions in their own rank and formation of numerous mushroom societies, which serve no purpose but appease-

ment of the individual appetite for phantom leadership of a handful of vegetating fawners. Let our new doctors ever remember that the inferiority complex of the Homœopathic practitioners was brought about and has been maintained by this suicidal lack of unity. The attainment of the FACULTY 'has been greatly retarded for such delinquencies.

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I am not sure what the other students will do during this vacation. There is plenty to do in their villages where emigrants from the city in their hundreds have gathered to court safety from enemy activities. These students may do the twice blessed work of giving them medical aid and propagating Homœopathy as far as opportunity arises, thus making the Hon'ble Mr. S. K. Basu ill at ease in his allopathic environment.

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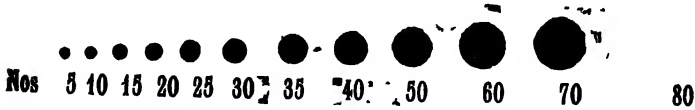
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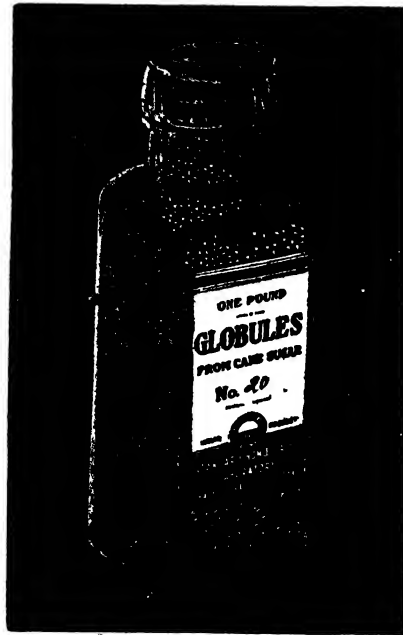
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ঐ পরিশিষ্ট—৪৫৩টি ছন্দ্রাপ্য ও ভারতীয় ঔষধের মেটেরিয়া মেডিকা
পৃথক লইলে, মূল্য ১২।

রেপোর্টারী—৭৬৪ পৃষ্ঠা, কাপড়ে বাঁধাই, মূল্য ৫২।

স্ত্রীরোগ চিকিৎসা—৩১৮ পৃষ্ঠা, কাপড়ে বাঁধাই, মূল্য ২২।

হাম ও বসন্ত—মূল্য ৯০ আনা।

ক্ষয় রোগ চিকিৎসা—মূল্য ৯০ আনা।

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আমাদের প্রকাশিত (বাঙ্গালা অক্ষরে) সংস্কৃত পুস্তকাবলী ।

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M. BHATTACHARYYA & Co.

84, Clive Street, Calcutta.

MANUAL OF MATERIA MEDICA

(WITH ALLEN'S CLINICALS)

Will be shortly out.

M. Bhattacharyya & Co.

THE HOMŒOPATHIC HERALD.

Vol. V.

MAY, 1942.

No. 3.

Editorial

Medical aid muddle.

"Most people of Calcutta who could send away their families have done so at considerable risk. Reports have reached us of the early outbreak of malaria in many of the villages in the mofussil districts and the children, particularly among the evacuees, long accustomed to the amenities of city life, have caught the infection. No assistance has been rendered by the Government, so far as we are aware, to the municipalities or the Union Boards where these exist, to enable them to take adequate sanitary precautions, including the supply of pure drinking water." Thus reads the leader of the *Amrita Bazar Patrika* of Wednesday, the 8th April, 1942.

We wrote in this strain in the editorial pages of our March number. By detailed facts and figures we shewed that immediate implementing of the STATE FACULTY OF HOMŒOPATHIC MEDICINE as published in the Calcutta Gazette of July 3, 1941, is the only economical means of relieving the

medical distress in which the whole province has been thrown by this war crisis. To the people it is not a new and unknown system of medicine. It has spread through the length and breadth of this vast country, it has penetrated every hamlet of this province and its beneficent effects are greatly appreciated and valued by the rich and the poor alike.

We have no hesitation to acknowledge that Homœopathy has no indiscreet surgery, it has no meddling midwifery, it has no muddling pathology ; but judicious surgery it has plenty and to spare, it has judicious midwifery in loyal cooperation with dame nature, it has very much deeper and more detailed pathology *sine* slavish dependence on such laboratory searching as simulate certain hobbies of the inmates of a lunatic asylum.

And with all its deficit of grandiosity and jazz Homœopathy has established itself on a foundation of public confidence and support which no blast of opposition can shake.

We challenge the Ministry to take at once a plebiscite, *if necessary*, and on its result to throw out the published Faculty or to implement it without delay. That is a reasonable clencher.

Piteous cry of men, women and children for medical and sanitary help is rending the sky, and no fiddle should now play to the tune of mighty fashion or of red-tapism.

THE TENTH OF APRIL.

THE BIRTHDAY OF SAMUEL HAHNEMANN.

Birth and death, the spokes of cosmic wheel
That rolls ceaseless on unyielding axle of time ;
Prince or peasant, all sink to its feel,
It rules supreme through age and clime.
He did conquer death by living to heal the ill.
As when he was born, he breathes on us still.

N. C. BOSE.

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The 187th. birth anniversary of Samuel Hahnemann was celebrated by the following institutions, on the 10th. April, 1942 :

The Bengal Homœopathic Institute, 84-3A, Bowbazar Street, Calcutta.

The Calcutta Homœopathic Medical College and Hospital, 265-66, Upper Circular Road, Calcutta.

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CASES ILLUSTRATING THE HOMŒOPATHIC PHILOSOPHY. *

SIR. JOHN WEIR, K. C. V. O , M. B. CH. B. (Glasg.)

This case is brought forward by kind permission of Dr. Goldsbrough, under whose care he was admitted to the Hospital. Dr. Goldsbrough asked me to prescribe, after having selected drug by the use of repertory.

E. P., aged 67, had been a painter since 14 years of age ; is moderate in alcohol, now non-smoker. Small-pox at 18. Had ague at 24, no recurrence. Contracted syphilis at 20 ; treated twelve months by a local doctor (allopath). No secondary manifestations. Lead colic when 40 ; no paralysis. Attending National Hospital Dispensary for a long time for tabes, no improvement.

Present Condition, April 23, 1909.—*Face* ; Thin, pale, very anxious, worried expression, almost fear.

Chief complaints were : (1) Dull aching pain left side of body to hip, and also down left arm ; (2) shooting pains on left side—sudden onset and gradually going away, down left arm and from left hip to left foot. < when cold, or if exposed at night, so that he had to wear gloves ; > hot application. (3) Excessive tenderness left wrist ; < touch, yet > hard pressure. *Mental* : Very irritable, impatient, obstinate, passionate, which < pains ; extremely restless, never seemed able to settle.

* This article was contributed by Dr. John Weir when Assistant Physician to the London Homoeopathic Hospital, 1910. [Ed.]

Head : Occipital pain, < pressure. *Eyes* : Arcus senilis present, vision fairly good, pupils do not respond to either light or accommodation. diplopia at distance, no nystagmus. *Hearing, taste, and smell* all good. *Sensory* : Hyperæsthesia from chest down to both legs, left side more marked ; pain exaggerated, no delay to sensation. Temperature ; response to cold quicker than heat, heat delayed outside both legs ; burning sensation both shoulders, left side chest and left arm ; no girdle sensation. *Motor* : walk jerky, slightly ataxic, Romberg's sign somewhat present ; fair power in limbs, *Reflexes* : Superficial present, deep, lost entirely at ankle and knee. *Sphincters* : Good control. *Digestive* : appetite good ; good deal flatulence : bowels very constipated, has had lead colic, stool small, hard balls with mucus at times. *Urine* : Perfect control, but no force. *Generals* : < change weather ; winter, cold, wet weather : is very chilly (own words were, "Would be comfortable if had clothes up to neck and my head out of window"), least exertion ; > open air ; gentle motion ; warm room, yet desired fresh air ; restlessness.

Selection of Remedy.

Chilly. Kent, p.

(Lack vital heat)... 1328 63 drugs.

< Cold wet weather 1312 30 drugs in previous list.

Desire open air.....1306 *ant. c., ars., bar. c., carb. s.,*

CARB. V. *Graph. Lach*, LYC., SULPH.

< Warm room... ..ARS.

Here in four generals by exclusion we come to *ars*.

Suppose we take third list and work particulars into this.

Restlessness.....72 *ARS. CARB S. graph. lach. SULPH.*

Irritability..... 57 *Ars. CARB S. GRAPH. lach. SULPH.*

<Uncovering...1368 *ARS. graph., lach.*

Burning pain .. 1339 *ARS. CARB S. graph. lach. SULPH.*

Shooting (stitching)

pain, thigh ... 1118 *ARS. carb. s. graph lach. sulph. .*

<Cold 1028 *ARS.*

>Warmth 1025 *ARS. graph sulph.*

>Press..... 1024 *ars.*

Sensitive to pain 1358 *ars. graph., LACH., sulph.*

We see here the particulars all markedly fitting to the generals.

Subsequent Progress.—April 28, *Ars. alb.* 1,000, one dose ; *sac. lac.*, nocte.

May 1. Marked <burning and shooting pains shoulders and left leg ; slept better, bowels moved own accord ; constipated stool.

May 2. Burning pain entirely gone. The shooting pains have only been at ankles and left wrist ; sleep good ; bowels even acting three times a day, but still constipated stool. Hyperaesthesia of body disappeared, except at left wrist.

May 4. Little shooting pain left arm ; sleep well ; eating better ; flatulence gone.

May 7. No burning or shooting pains for two days ; complains only a little aching left arm ;

occipital headache, once prominent, has gone, admits feeling greatly improved in every way—which is admission for him, as he always looks on pessimistic side of everything. Bowels acting daily, though still constipated.

May 8 to 21. Much same condition ; walking better, feeling stronger ; only slight twinges of pain some days.

May 22. Discharged to-day. Given arsenic 1,000, one dose and sac. lac

May 25. Reported himself at out-patient's department ; had some return of the burning pain at left wrist.

The interest in this case is the selection of the remedy by considering the "generals" of the patient alone. The patient must be first, the disease second. This is especially and almost essentially so in chronic cases, and often thus you get your case down to two or three remedies, or possibly one, as in this case. If there be but one remedy that has the numerous generals, covering them absolutely, in degree as well as frequency, that remedy will cure the case. There may appear a few particulars to contraindicate, but no particular can throw out even one wellmarked general. For instance, a case may present many particulars which look like arsenic, yet if "the patient" be aggravated by heat it can never cure.

Usually, however, you have only sufficient generals to bring you to, say six remedies, and here the particular and peculiar symptoms, again

indicating the patient, come in, and from them some distinguishing feature is obtained which points more strongly to one remedy.

Often our best cures have been obtained by a remedy chosen solely by generals, which was not known to possess any striking resemblance to the common symptoms of the disease, doubtless due to want of further proving.

How often do we find that we cure symptoms whose existence was unknown to us, and the patient coming back and asking if the medicine were intended to cure polypus of nose, or, as in a lady I had recently, a leucorrhœa of twenty-five years' duration. She thought she had mentioned the fact.

William Harding, 39 (old hospital case, by kind permission of Dr. Epps). Blind since 1897 after meningitis. On *general and mental symptoms alone* I prescribed his remedy.

September 20, 1909. Puls. 10M, one dose, sac. lac. daily.

October 29. Puls. 10M, one dose, sac. lac. daily. Since then, till date, no drug, and *still improving*, even to selecting colours in last two weeks.

The case calls for no change of remedy—*so hands off*.

Began to get sight back four weeks after first dose ; can now read large print, tell colors, and play cards ; still improving.

I hope some day to report more on the case, but it illustrates the value of treating the patient.

The results will surprise any who try, and "by the fruits shall ye know them."

In chronic disease treat the patient. This cannot be emphasized enough. We know the saying, "Take care of the pence and the pounds will take care of themselves." In homœopathy, "Take care of the generals and the particulars *must* take care of themselves."

He also showed the disappearance of symptoms from above downwards, the pains leaving rest of body but persisting in wrists and ankles then eventually going. This is always a good indication of cure, because going in a definite order. It is really a working of the trouble to the periphery, again from within outwards.

I once gave 10M bryonia (single dose) to an allopathic scoffer for rheumatism in the knees. In four hours he could hardly bear the dreadful aggravation, and he then felt the pain suddenly leaving the knees, and shoot down legs as if going out at his toes, entirely disappearing the following day.

But lastly, and much the most important, it illustrates *the single remedy, in potency, in single dose.*

It is a matter of almost every-day experience to prescribe a drug in potency which the patient has been taking some time for years for some chronic complaints without much benefit, and for the potentized drug to succeed where the other failed.

Many who now use potentized drugs to 30th or 200th still keep repeating daily and they acknow-

ledge that their patients express feeling better at first, but soon lapsing into same old way—in reality worse by far, because they are having implanted in their system a drug disease, a thing to be more dreaded than original trouble.

In chronic cases you must give your drug time to work. It will most likely bring back old, or indeed new, symptoms, upon which the next remedy should be based. Because a remedy is the right one to-day, that does not necessarily mean that it will suit next time, and the second prescription should, as in the first, be based on the totality of the symptoms then existing. There is no other guide to it.

More cases are spoiled by too early repetition than by any other mistake. Prescribe in haste, and repent at leisure. It requires far more knowledge and confidence to know when to keep your hands off than to lay them on. Hasten slowly is a good motto, and never more so than when using potentized drugs.

Case 2.—A. E., engineer, aged 47. Well built, apparently healthy; complaining of excessive flatulence and distention of abdomen for last ten years, with great rumbling in upper part of abdomen, especially about 4 to 7 P.M., and always waking him from sleep at 4 A.M. Usually gets > by excessive escape of flatus, otherwise much pain. Causes great discomfort, as escape is audible.

Stomach.—Appetite good, but heaviness for hours after food, with very great distention: no

special desires or aversions in food, though likes the taste of salt, and < pastry.

Rectum.—Bowels act fairly regularly, sometimes ineffectual urging to stool, or only small hard balls, with straining ; bleeding from small hæmorrhoids ; itching of anus excessive when constipation, < heat of bed, preventing sleep.

Head.—Throbbing headache, begin occiput and work over head to left eye ; < stooping, < motion, must keep absolutely still ; < lying, want to keep head erect ; > warmth, as usual, shivering accompanies them ; > pressure, > darkness. Excessive sweat, streaming, on least exertion.

Throat.—Tickling cough when chilled or in draught.

Urine.—Brickdust sediment very often and especially before itching anus.

Mental.—None special ; very punctual ; like things done in hurry.

Generals.—No marked increase from hot or cold ; stand both, though preferred warmth ; great desire for open air and exercise ; < change weather ; < stimulants. This is a general as “personal,” and not any particular aggravation. Sweating on least exertion, especially head, which > him generally.

There are no very marked symptoms, general or mental, except the < stimulant and sweating so profusely ; but the particulars are very striking, so markedly that the < 4 to 8 P. M. becomes a general, and must rank high. This, together with the

flatulence, and especially the > from passing of flatus, also the brick-red dust deposit in urine, makes one think of *Lycopodium* with *Nat. mur.* close behind.

January 10, 1910. *Lycop.* 10M (Skinner), one dose.

January 12 Itching anus, without the usual constipation.

January 13. Flatulence so excessive as to give great pain ; this continued for two days, and the patient, not knowing what drug had been prescribed, said, "I should have taken *lycop.* for this." He is a very intelligent lay homœopath, and had been taking *lycop.* 3x on and off for years at intervals.

January 19. Return of headaches, very severe ; lasted two days.

January 23. Began to have rheumatic pains in left leg, which kept him awake for three nights—so severe that he wired to know if he might take *rh.* or *bryonia*. He was advised to keep his hands off, as the pain would likely pass off in a few days. He very wisely did. Had similar rheumatic pains in same leg twelve years ago, but had been perfectly free in the interval.

January 25. Left wrist suddenly became very sore and weak ; could not hold anything, nor yet bear weight of arm resting. He experienced this same feeling twenty years ago, then due to a bad twist. Had to give up work for two years. It was massaged and rubbed with every kind of liniment then known. This very sore for the time, but > 27th.

So here we have a man not exposed to any risks or conditions which usually bring on his complaints, and indeed having forgotten of their existence, being suddenly attacked with a return of old troubles in a very definite order, the more recent appearing before what happened years ago, and all reappearing in the "reverse order of their coming," which is the proper order, if the drug is the true homœopathic simillimum, and is a good prognostic sign. Again, this returning of symptoms shows the drug to be still acting, and must, therefore, not be repeated.

This is his first experience of high potency, in which he had no faith, but he declares it has fairly shaken him up, and made him feel better generally than he has done for twenty years.

The following are the direction of symptoms during cure : (1) From within-outwards *i. e.*, from the deeper or more vital parts to the more superficial. Hence the first in the loves or hates before the more gross symptoms.

(2) From above downwards.

(3) In the reverse order of their appearing.

Kent writes, p. 31, Philosophy : "You would naturally expect if it is the interior of the man that is disordered in sickness, and not his tissues primarily, that the interior must first be turned into order and the exterior last. The first of man is his voluntary, and the second of man is his understanding, the last of man is his outermost ; from his centre to circumference ; that is, *from above down-*

wards, from within outwards, from the more important to less important organs, from the head to the hands and feet. 'Every homœopathic practitioner who understands the art of healing knows that symptoms which go off in these directions remain away permanently. Moreover, he knows that symptoms which disappear *in the reverse order of their coming* are removed permanently. It is thus he knows that the patient did not merely get well in spite of the treatment, but that he was cured by the action of the remedy, because if the disease were allowed to run its course, such a result would not take place. The progression of chronic diseases is from the surface to the centre."

These facts can be verified almost daily on your patients. In fact, I invariably warn them of its possible occurrence when taking on a new case, and tell them that in proportion as the old symptoms are thrown back upon the surface so is their recovery. Complaints of the inner parts, heart and chest, must in recovery be accompanied by manifestations upon the surface, in the extremities.

Take a case of rheumatism of heart getting better—often accompanied by the knees or feet becoming rheumatic, and they feel annoyed. And if the doctor does not know or appreciate what is taking place he prescribes for the superficial manifestations, only to drive it back again into the system, with disastrous results.

This explanation to the patients is only their due—it saves much worry to both patient and

doctor. How often do we find those who want immediate relief despite the explanation, and it takes all the grit and confidence of the medical attendant to withstand the appeal; but we are standing for principles, and the man who yields does so to the hurt of his integrity and his success—because out of apparent chaos order quickly comes, and he earns the confidence and respect of the patient for having borne them through a critical period. On the other hand, you may lose your patient. I lost two new ones last week because they were not prepared to have return of old trouble brought to the surface. They will try other means, and when that fails I expect to see them back. If they want to be cured they must face it.

I mentioned at beginning that he was apparently healthy or strong. This is important as a guide to the potency. As he remarked to me afterwards, "What would have happened to me if I had not had a fair constitution to withstand it all?"—a very pertinent question. It is here where physical examination and a knowledge of pathology are absolutely essential. Where deep tissue changes are present, *e. g.*, old phthisical condition of lung, kidneys, or liver destroyed, we must be careful, as such aggravation often cannot be recovered from. Many such have been prematurely sent to their graves, and where tissue changes are known, it is better to go low—to say 200th, than risk a 10m.

It seems strange that a patient should express himself as feeling very well, indeed, without any marked diminution in symptoms, but the innermost part is telling that change is going on. "I don't know why it is, but I do feel better" You have got the right drug—keep hands off, and soon the symptoms will go. You are clearing your house in proper order—get the source clear, and what springs from it must of necessity be pure.

—The Medical Advance.

Vol. XXXVIII., No. 6. -

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PATHOLOGICAL ANXIETY.

(Continued from p. 31)

S. C. Laha, M. B. (Cal. Univ.)

Then there may be "anxiety attacks" during this stage. This condition is somewhat like a fit. The patient suddenly becomes extremely anxious without any cause and feels as if he is going to die. His face becomes pale, pupils dilate and limbs tremble and there is a haunted fear of death in his eyes. The respiration quickens, the heart flutters and there is a cold sweat coming out of his body. He feels a sinking death-like sensation and clutches hold of somebody in fear. The condition lasts for a few minutes only and then passes off and the patient may fall into an exhausted and disturbed sleep afterwards.

During this anxiety condition of the mind, the patient loses interest in most things; he is too busy with his own condition. His hobbies disappear, he cannot concentrate on his daily work; in fact he may even neglect his toilette.

In addition he may become hypersensitive to ordinary stimuli. He hates strong light and wants to stay in a darkened room. Ordinary noise, even the ticking of a clock, disturbs him. The skin of his body may become sensitive also, so that even in hot weather he does not like a cool breeze.

He has no peace in his mind. He does not like amusements, does not like work, does not like to lie down and does not like to get up. He tries everything but finds no relief. He wails "I do not know what I like. I find no rest—not even in sleep." He gets up exhausted in the morning with a frontal headache after disturbed snatches of drowsiness at night.

He passes his waking period in the day in roaming about from place to place in search of distraction—places of amusement mostly, but finds that they don't interest him.

He falls into a mood of depression, "the slough of despondency." Everything appears futile to him. His work, his play, his whole existence has no meaning, because none gives him any satisfaction which he craves. He does not like company and does not like to stay alone. People whom he loved before appear to recede away from his mind and he feels as if he is not interested in them. He

describes his symptom vividly by saying "I have lost all feeling," meaning that he does not feel love and hate as strongly as he used to feel before. There is never really an absence of feeling, because if it were so, he wouldn't have complained of "absence of feeling." There is an inner want of adjustment resulting in restlessness and anxiety which engage his mind so overwhelmingly that normal emotions are displaced overshadowed to some extent in his conscious mind.

In a normal man, the mental energy is expended in work and pleasure both of which give him satisfaction and when done, a feeling of rest. In this diseased state, the same energy which ought to have been expended outside, is utilised to create the diseased condition, so that all work become impossible and the person suffers. This may be called the "disease-energy." It is not a new thing and does not come from outside. It is the product of one's own mind which is being misused. It is like the kitchenfire which cooks your food and if mismanaged, may burn your house. The same coal-energy which feeds you may make you destitute. It is a condition of maladjustment of various mental factors, mostly unconscious, which come into clash with one another and cause disturbance like a civil war in a country.

Thus the disease progresses and smites the hitherto healthy and bright man to a painful condition, a man without interest, without hobby, without rest, no sleep, no satisfaction, no happiness,

no future, a painful present, a condition worse than even death. He wonders how other people are living, how they can derive pleasure out of work which he cannot, how anything may have any worth.

This feeling of misery may be so profound that he may be thrown into a dazed condition for weeks, suffering intense agonies and finding no means to relieve them.

During this condition, disturbances of space and time sense appear about which I spoke earlier. This is an interesting and a new condition about which practically nothing has been written so far.

Normally everybody has a certain sense about time and space. During this anxiety condition both these senses are stretched.

A small distance, say 100 yards, appears to the patient as if it is a long one. He preserves the memory of his previous space-sense and compares with it his present one and says "small distances appear too big for me."

The same stretching occurs with his time-sense too. Five minutes appear to him to be equivalent to more than five hours. A few days seem to him as long as a few months.

A peculiar condition, but not a new one. The stretching and contraction of space and time sense occur, to some extent, in normal individuals too. When one is interested in anything, time and space sense become contracted. A lover does not feel the distance he has to travel to meet his girl, even when there are obstacles in the way which he

overcomes easily in the eagerness of his pursuit. But when there is nothing to interest you, when you are bored and unhappy, a little distance, crossing an open field for instance, may appear to you as laborious and exhausting.

Time-sense shows the same peculiarities. When you like to do anything, you do not mind the time it takes you to do it. People say 'how time flies !' Juliet wanted Romeo to stay with her because she thought that the night was not yet over. A football enthusiast feels that the game is over too soon. A busy man suddenly realizes one day that he is getting old. A faded beauty tries to stop the passage of time with powders, paints and dresses. Stays are used by women to preserve the curves of the female figure when they are sagging. The word "stay" seems to be a request to time to stay its cruel course.

Time drags with leaden feet when you have to face an unpleasant situation. The patient with a toothache has to wait for ages in the waiting room before the dentist calls him. The criminal feels that he passes years when he has to wait for a few minutes before the hangman who arranges the gallows that will hang him.

We have two types of interest in us. Primary-when our interest is involuntarily directed towards something whether we like it or not, such as an earthquake or a fire and secondary-when we free our interest voluntarily towards something out of social considerations, e. g. attending to an uninteresting lecture. It appears that primary interest

contracts time and space sense and secondary interest stretches them.

Certain drugs produce a similar disturbance in space and time sense in normal individuals. Cannabis Indica, alcohol and opium are some of them. De Quincey, the opium-addict, says "Sometimes I seem to have lived for seventy or a hundred years in one night !" What a difference between clock-time and imagined time !

In the intense anxiety condition of pathological anxiety, it is natural therefore that both the time and space sense become stretched when nothing interests the patient.

The disease may come to a standstill at this stage and after a few weeks or months, a gradual adjustment of the mind begins to take place as a result of treatment and the patient shows signs of improvement. If left to itself, the disease may develop further and may show certain extraordinary changes in its development.

It is the natural law of every disease, either of the body or the mind that it tries to adjust itself by whatever means at its disposal and however faultily. An attempt at cure is always sought by nature, which may or may not succeed. Let us take an example from the body and apply it to the mind to understand the changes better.

Suppose there is an inflammation somewhere in the body which, if severe, is associated with general malaise, leucocytosis, high temperature, headache, constipation, etc. At this stage, nature, to relieve

the body from these generalised condition of fever and pain, attempts to localise the inflammation and produce an abscess. If it succeeds, the generalised condition is replaced by a local condition, or in other words, the patient is relieved of many of his painful symptoms and the chances of his cure increase. We may at once say that the development of a localised abscess is an attempt on the part of nature at cure, although faultily, from the generalised inflammatory condition. Most of the changes which occur in the body or in the mind as a result of disease and which we notice as signs and symptoms, are just outward manifestations on the part of nature to fight and adjust itself to the causative factor which has created the diseased condition.

Similar attempts may be made by the mind to relieve the suffering caused by the excessive anxiety which nearly kills the "patient. He may suddenly or gradually develop a phobia. Drawing the analogy from the body, if you consider the pathological anxiety as an inflammation of the mind, a phobia may be regarded as a sort of mental abscess.

[To continue.

BEHAVIOUR PROBLEMS OF CHILDREN & THEIR TREATMENT.

R. Roy, M. D. (F. C. H.)

Some physicians often either get puzzled or neglect in differentiating the behaviour problems of children from that of their actual diseases from which they emanate. To avoid such mistakes or negligence, while treating children, careful consideration should at once be imparted to their behaviour before undertaking to prescribe medicine for them.

The attainment of mental health in children is now gradually receiving such attention as it has always been paid to their physical health. To understand the mind of a child a thorough study is necessary. Mental ill-health or disharmony is depicted outwardly in what are termed *behaviour problems*. Most of the behaviour problems in children are the result of a wrong handling of perfectly natural tendency and the lack of understanding of what is both necessary and purposeful for the development of a well-adapted and well-developed personality. To inhibit both the behaviour problems of children and the neurosis of adults, it is necessary to study and understand natural phases of development, their behaviour associated with them and their purposeful nature.

Under the classification of Normal Development it is noticeable that when children of different ages play freely and naturally, certain activities are common to certain age groups. For example, most

of the 15 months old children will be occupied in some activity incorporating fitting things into one another ; fitting nests of boxes, putting stones into boxes, or sand or water into buckets. On the other hand, the three years old groups will remain busy with toys which push and pull, or which they can peddle. They will fix things together, toy carts, horses or cars and then perform most complicated manœuvres with them, trying to turn them and reverse them. In this activity two or three children may be co-operating. Through any activity the child makes contact with the objective world and is helped in his three-fold developments, *physical*, through the use of his muscles, *intellectual*, adding to his knowledge of the qualities of the objects, and *emotional*, through having to accept the limitations inherent in any particular object. These are the outward expression of some unconscious inner urge or instinct. The year old child banging bricks together does not consciously or purposely choose that activity. He acts in this manner quite naturally when he reaches a certain phase of development of this activity. Walking can be taught. The baby walks when he has reached that phase of development when he instinctively walks. No amount of teaching him to walk before this, will do the slightest good and no teaching will be necessary when he reaches the phase, because he will just walk. Sitting up, talking, cutting teeth, are all the natural results of a process of maturation. In gauging physical developement these landmarks are used as standards for assessment.

Emotional and intellectual development follow the same laws in relation to maturation, the play-activity of children being dependent on and characteristic of the child's development phase. Its play again is the outward expression of an unconscious natural urge related to its development. Lack of recognition on the part of adults of these natural tendencies leads to difficulties and problems of behaviour, hinders development, and in many cases lays the foundation of endo-physic conflict and a neurotic personality.

In dealing with any behaviour problems in childhood it must always be decided if the behaviour under consideration is not natural for that particular age. Children of 3 or 4 years are often accused of lying, whereas it is often the result of their particular way of thinking at that time and their inability to understand what they see, or their wrong interpretation of reality due to their lack of experience.

A small boy was asked why he had broken the glass, who replied that he had not done so. When his mother asked he must have dropped it he immediately replied 'Oh yes I dropped it but it broke itself'. He acknowledged dropping it but the quality of "breaking" was to him something belonging to the glass. The "natural lying" however, is often the basis of lying *as a problem*. The child who is punished for confessing his misdemeanour will in future deny his guilt in order to avoid punishment. Therefore, to prevent lying never punish a child for *a misdeed confessed*.

The actual behaviour problems for treatment are many, a few examples are given below.

A boy of about 6 years was once placed under the treatment of the writer, who suddenly and completely lost his conscience and became fast asleep. In the first place I put his tongue back in to his mouth, and loosened his dress just to have free air pass into and around his body ; raised his head slightly and cleansed the foam issued from his mouth. Then felt his pulse, quick, breathing difficult, his face became pale and the veins of the forehead distended ; his heart action was violent and irregular. I concluded that the child got fright of being scolded for breaking anything, and on an enquiry was informed that he broke a marble Taj Mahal placed on a teapoy in his father's room. I gave him 6 half-doses of Glonoine 30 and 6 half doses of Cuprum Met 30 in water* and gave the mother instructions to sponge the boy's body especially the head. It was 11 A. M., and in the evening the boy's father called at my place with the news that the child got back to his sense soon and on feeling hungry was given only milk diet. I told him to continue the same medicines every three hours† and to give liquid food, such as either Horlicks or milk and sago. I did not give the boy

* Why both these medicines ? Was there no sure indication for any medicine, one at a time ? Want of repertorizing leads to such gun-shot prescriptions. [Ed.]

† Violation of philosophy, for the child was now normal and required no more dosing. [Ed]

any further medicine the next morning, but only six half doses of Sac lac.

A boy of two years was brought to me, his mother complained that he was crying at the slightest thing, sometimes becoming sick with crying. He had therefore been punished. Here is a child whose phase of development has been entirely misunderstood. Treatment in such a case consisted in giving the mother some understanding of the normal self-willed, as the child got nervous. As usual, after obtaining a short history I gave him Acon. and Hyos. both 30 alternately* for 3 days and after this the child was found O. K.

A girl of 3 years was placed under my treatment for screaming at night. She would not go to bed without the mother also retiring. What was wrong with the child? The causes may be hereditary tendency, tumours, inflammations, insects in the brain (?), malformation of, or deposits in, the skull, fright, nervous derangement, mental and physical prostration, stomach disorder, worms, repelled eruptions, etc., etc. A very careful examination of the whole body was made, but found nothing helpful; pulse, heart seemed alright. I carefully listened to all that was said by the girl's father and concluded that she must have been suffering from stomach disorder and undergoing

* Alternation is violation of Hahnemann's Organon.

severe pains caused by it especially at night. † I remembered reading such a case in one of the leading authors' books in which he described a similar case having been cured by giving the patient, who was brought to him after being treated by several Allœopaths, a few doses of Bell 30. The girl was thus given six doses of Bell 30, the first 3 doses at two hours interval and the balance at 3 hours. The next day the same medicine was repeated and by the grace of Almighty I became successful. The child's habit of screaming at nights has since never been complained of.

A boy 4 years old was once reported to have started vomiting after half an hour he had milk to drink in the evening. In the beginning he vomited curdled milk of a strong sour smell. After a while, the matters vomited looked like clear water mixed with food which he had about 3 hours before. The belly was full, hard and tender, sour or foetid eruptions occurred, the bowels were obstinately constipated. There was no fever, but the temperature sank very low and the child lay with half-closed eyes and in a half-stupor condition. His skin was harsh, dry and loose, tongue ulcerated, coated or cracked. Vomiting may be attributed to too early weaning and too early use of starchy food. I prescribed for him Calc. carb 6 which,

† The physical side received all attention, while the mental side was overlooked. She was afraid and timorous to go to bed without her mother. Lippe's Repertory mentions 33 drugs covering this symptom and Belladonna is one of them. [Ed.]

I am glad to state, acted wonderfully. Instructed the parents to rub the boy with mustard oil and to sponge him at least twice a day with tepid water. After the crisis was over the boy was given Nux Vom. 6 for 3/4 days.

With older children much can be done through getting the child's confidence when he will talk freely about his difficulties. Dreams are also useful in giving an indication of the conflict. In younger children contact is made through play in which the child freely expresses his thoughts, ideas and phantasies.



THE CLINICAL SIGNIFICANCE OF MENTAL SYMPTOMS*

WILLIAM GUTMAN, M. D.

PARAGRAPH 210 of the Organon, 6th Edition, reads: "They (e. g., the mental diseases) do not, however, constitute a class of disease sharply separated from all others, since in all other so-called corporeal diseases the condition of the disposition and mind is ALWAYS altered; and in all cases of disease we are called on to cure the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we

* Read before the Bureau of Clinical Medicine at the ninety-seventh Convention of the American Institute of Homeopathy at Old Point Comfort, Virginia, June 15-20, 1941.

would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success." Par. 211 states: "This holds good to such an extent that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."

With these words Hahnemann a hundred years ago has clearly and simply stated facts which represent today the most recent discovery of medicine, concerning the inter-relationship of mind and body, and involving the problem of the psychic origin of many pathological conditions and even anatomical changes due to emotions. This discovery promoted by the development of psychopathology, that emotions can be a cause of organic pathology may be of far greater importance than we still are inclined to believe. The research in the field of psychosomatic medicine is in its initial stage and the more we learn the more we become aware of the important role emotions play in the pathogenesis of many diseases.

The vegetative nervous system functions as the pathway between psyche and soma. The emotional reaction is mediated through the thalamus, and the vegetative nervous system centers in the diencephalon and reaches the organ by means of the sympathetic and para-sympathetic fibres, expressing itself in the "language of the organ", i.e. its particular functions and their disturbances.

The disturbances may occur chiefly (a) in the sensory functions, (b) in the motor functions, (c) in the secretory functions which are all under the control of the sympathetic and para-sympathetic autonomous system. It can be said in general that the emotional impulses of pain and discomfort effect predominantly the sympathetics and those associated with pleasure, the para-sympathetics. The emotions of fear, rage, worry, anxiety, anger may give rise to effects of sympathetic stimulation. Every emotion may either disappear after a short time without penetrating into the physiological level or it may continue in the form of a repeated or steady mental stress which may lead to disturbances in the organs governed by the autonomous nervous system. In the same way a sudden emotional shock can upset the functions of an organ or of several organs initiating pathological changes. The emotional reaction must not reach necessarily the level of conscious awareness, but by establishing an unconscious working complex far-reaching effects in the physiological and even anatomical level may result.

Proceeding from the psychological viewpoint, Lange and James developed a theory of emotions and their relationship to bodily changes. According to this theory the bodily changes follow directly the perception of the existing fact, and our feeling of these changes as they occur IS the emotion. We feel sorry because we cry, we do not cry because we are sorry. The bodily manifestation

must first be interposed, otherwise we would have a pale colorless perception without any real emotion. The discovery of the emotional secretion of adrenalin seemed to strengthen the James-Lange theory of the emotions. Proceeding from this theory we may easier understand the influence of drugs on emotions, and particularly the effect of homeopathic remedies on emotions and their consequences. Let us bear in mind the Aconite-picture and at the same time read the description Darwin gives in his "Expression of the emotions in Man and Animals", of the physiological change which takes place in connection with fear: "The heart beats quickly and violently, so that it palpitates or knocks against the ribs; but it is very doubtful if it then works more efficiently than usual, so as to send a greater supply of blood to all parts of the body; for the skin instantly becomes pale as during incipient faintness. This paleness of the surface, however, is probably in large part, or is exclusively due to the vaso-motor centre being affected in such a manner as to cause the contraction of the small arteries of the skin. That the skin is much affected under the sense of fear, we see in the marvelous manner in which perspiration immediately exudes from it. The exudation is all the more remarkable as the surface is then cold, and hence the term "a cold sweat"; whereas the sudorific glands are properly excited into action when the surface is heated. The hair on the skin also stands erect, and the superficial muscles shiver. In connection with the disturbed action of the heart the breathing

is hurried. The salivary glands act imperfectly ; the mouth becomes dry and is repeatedly opened and shut. I have also noticed that under slight fear there is a strong tendency to yawn. One of the marked symptoms is the trembling of all muscles of the body ; and this is first seen in the lips. From this cause, and from the dryness of the mouth, the voice becomes husky or indistinct, or may altogether fail." Going over the proving symptoms of Aconite, we find a complete resemblance between Darwin's classical description of the state of fear as expressed by bodily symptoms and the effect of Aconite, laid down in the provings. According to the law of similars, Aconite was always found helpful in ailments due to fear or sudden fright. I recall a case of severe chronic sleeplessness which could be traced to an extreme shock due to sudden fright suffered in the World War when the patient was accidentally buried ; the man could be cured by Aconite although the actual incident of shock had taken place many years ago.

The chapter Consequences of Emotions plays an important part in Homeopathy, but it was not before the latest development in modern medicine that experimental proof could be found for our old clinical knowledge. Ever since then ample evidence has been gathered that emotions produce bodily changes, and a short survey of the facts may illustrate how right the homeopaths have been in upholding their experiences through a century against the contemptible derision of a medical majority.

The heart has been considered by common opinion as the seat of the emotions. True, the heart and the whole circulatory apparatus particularly express readily the emotions as f. i. by blushing and becoming pale. Suggestion of emotions made partly in hypnosis, produced definite changes of the pulse, distribution of the blood volume, blood pressure, changes in the heart rhythm, demonstrated by the electrocardiogram, and changes in the heart configuration of more than 1 cm, controlled by X-rays. Under the repeated influence of emotions a definite change in blood pressure and heart configuration may take place. Anxiety can be considered as a so-to-speak heart-specific emotion. Even slight sensations of the heart as they may occur after over-exertion produce the feeling of fear and anxiety. The strongest expression of fear occurs in the attack of angina pectoris and the so-called angina pectoris sine dolore is exclusively characterized by strong emotions of undefined fear and apprehension. The feeling of approaching death and the fear of death is closely connected with the heart and the circulatory system. Homeopathic provings and clinical experiences have established this connection long ago, and remedies which produce most clearly the sensation of fear of death, like Aconite and Arsenicum are drugs which affect primarily the circulatory system. The effect of Aconite is directed chiefly towards the arteries; arsenic owes its symptomatology to the poisoning of the heart and the capillary system. There is no remedy which is

more closely related with death than Arsenic. There is this immense fear of death no other remedy has in such a degree. Despire of life, anguish, agony, a face showing genuine fear, finally cachexia and hippocratic features are the signs of the deadly intoxication of the heart and of the capillary system which produces a state of chronic collapse, the underlying pathological condition of this impressive picture. Even in the subconscious sphere of dreams the idea of death is prevailing. A patient of mine suffered from a great many functional disorders. I recall particularly, great loss of hair with an enormous amount of dandruff. After one dose of arsenic all symptoms disappeared but the patient expressed her particular thankfulness that I freed her from her frightful dreams. She dreamed in regular intervals of corpses and the terrible night-mares made her sick for days afterwards. After administration of Arsenic she no longer had these dreams. This is at the same time an example of the influence which the homœopathic remedy has on the emotions, penetrating even into the level of subconsciousness and the realm of dreams.

The heart as an organ of expression of emotions also causes many functional or subjective symptoms. A syndrome of symptoms such as sensation as if the heart were squeezed, oppression, anxiety, palpitations and repeated sighing has been called phrenocardia and was found particularly as a consequence of unhappy love affairs. This state corresponds exactly to the picture of Ignatia. Sighing respira-

tion, however, is also often the first sign of cardiac failure, and we find it as a symptom in the proving of *Digitalis* which is also characterized by extreme anxiety and fear, and fearful dreams. It was found (Eichenberger) that in cardiac patients a definite increase in anxiety dreams appeared as the first sign of cardiac decompensation. The mental symptoms in cardiac cases may arrive at a state of a real psychosis, characterized by delusions, anxiety, restlessness with definite anatomical findings in the brain, probably caused by an oxygen deficiency ; all these mental symptoms are also produced by *Digitalis*. Everywhere we notice the influence of the mental state on the bodily condition and of the bodily condition on the mental state. The homeopathic remedy mirrors both mental and physical conditions and gives a true reflection of the integration of both, which characterized all processes of life and disease.

Very considerable is also the influence of emotions on the gastro-intestinal tract. The first classical observation of the influence of fear and anger on the secretion of the stomach was made by Beaumont. Recent experiments by means of hypnotic suggestion showed that the emotions of fear, fright, worry and joy had an immediate influence on gastric secretions as well as on gastric tonus and motility. Gastric secretion was increased or checked, sometimes the secretion was completely inhibited, so that even injection of histamine could not produce any reaction. Gastric peristalsis could be stopped by hypnotic suggestions of worry

and anxiety and the following changes in the mucosal outline, as demonstrated by X-rays, gave the same picture as a gastritis. Recent research in the field of the genesis of stomach ulcer leads more and more to the belief of the psychogenic origin of ulcer. It was found that peptic ulcer cases are characterized by overcompensatory aggressivity, hyperactivity and excitability, qualities which give rise to emotions known to cause hypermotility and hypersecretion of the stomach. It is interesting to note that the homeopathic remedies frequently indicated in stomach ulcer as *Anacardium*, *Nux vomica*, *Natrum mur.*, Nitric acid, *Arsenicum* represent in their picture exactly the mentioned mental type. Gastric tonus changes according to emotions and by X-ray examination of the stomach of manic-depressive mental cases the position of the viscera was found two inches higher in the manic than in the depressive phase. Schindler considers ptosis, combined with anacidity and atonic constipation, the gastro-intestinal correlate of depression. This brings to my mind the case of a young lady who came to see me for stomach troubles from which she had suffered for a year, loss of appetite, gastric pains—feeling of heaviness ; she was in a state of great depression and said : “Doctor, I cry all day long.” Suspecting a psychological background, but without intruding, I gave *Ignatia*. Two weeks later she entered the office smiling : Doctor, what have you done with me, now I laugh the whole day !” The stomach complaints had disappeared together with the

depression. An after-anamnesis revealed that the beginning of the stomach-troubles coincided with an unhappy love-affair. Ignatia cured the whole condition definitely.

The emotional effect on the bile secretion could be studied under hypnotic suggestion. Anger inhibits the bile secretion entirely, and this experiment justifies an old clinical experience. On the other hand, chronic jaundice produces a state of great mental irritability, and repeated icteric attacks are often accompanied by fits of anger and rage. The homeopathic use of anger-remedies such as Chamomilla, Bryonia, Colocynthis, Nux vomica in bilious attacks shows how Homeopathy has made practical use of clinical observations which are now confirmed also by experiment. Whereas all these recent findings are of a more or less theoretical interest, as school medicine cannot make practical use of it, Homeopathy offers the therapeutic link, combining the mental and physical influences of drugs in treating the whole person as the only existing clinical reality !

How much different physical or mental etiology of a case may influence the choice of the right remedy—and therefore the cure—may be shown by the following case :

A 40-year old patient was rushed into my office with an acute attack of neuralgia of both brachial plexuses. It was the most distressing picture of a pain I have ever seen. The patient was rolling on the couch crying that ten gall-stone colics—he had suffered from gall-stones before—are better than

this agonizing pain. The patient had caught a cold while sweating under his arms. One dose of Belladonna 200 finished immediately the attack, after Aconite had failed. However, on pressure, a certain sensitivity of the nerve branches remained. Weeks later the patient again was brought to my office with a new similar attack and even more horrible pains. Although the symptoms at this time were exactly the same, Belladonna failed utterly. In despair—the pain was so strong that the patient, a World War Veteran, was crying—I gave a morphine injection which began to have an effect after half an hour, and the patient was taken home. Some hours later, I was called to his house, the horrible pain had recurred as I had anticipated. The hard-pressed doctor's brain works faster, and after having elicited that this attack had coincided with a suppressed fit of anger, I gave a dose of Chamomilla. Within 5 minutes the pain was gone and did not recur any more.

Less studied than the influence of the mind on the body, is the interesting influence of the sick body on the mind. I refer in this connection to the morosity and ill humor, often accompanying disease of the hypochondrium, so typical, that hypochondria became a name for this characteristic disposition. We have already mentioned the disposition in cardiac cases and in icteric patients. Typical for the pneumonia delirium is a psychometric restlessness with the patient grasping for feathers and picking at the bed clothes, similar to the delirium found in persons saved from asphyxiation, both

pictures due to lack of oxygen ; they are covered by remedies like Hyoscyamus and Lycopodium. Typical for Grippe was found an anxious-depressive disposition, ranging from irritability to apathy and stupor, and this is very well in accordance with the "angry-apathetic" Flu-remedies, such as Bryonia, Gelsemium, Eupatorium. Measles are characterized in their initial stage by a crying disposition and the tearful Pulsatilla is in fact one of the most successful remedies in this disease.

It would need a separate lecture to point out the relationship between the mental types in our remedies and the psychological types worked out by modern psychology and psycho-pathology. A few words should be said about the queer mental symptoms in Homeopathy, which were so often derided that sometimes the advice was given to throw them out of our *materia medica*. If we learn about such symptoms as : "listening to music causes distress on one side of the body", or "he feels a half-sided amorousness with the wish to caress all things with the hand of this side", symptoms actually found in cases of thalamic lesions, or, if we go over the numerous queerest "as if" symptoms in the provings made by Beringer at the Heidelberg Psychiatric Clinic with Meskalin, then we may realize that these queer mental symptoms of our provings may represent a good deal of useful clinical reality. The sensation of a split of the personality is a wellknown fact in psycho-pathology and it appears in a number of our drug pictures too. MacAdam could show that this sensation

appeared in the most various forms in the dreams of grippe-patients and he derived from these dreams the hint for a successful prescription of Baptisia.

Par. 212 and 213 of the Organon draw attention to the fact that drugs are capable of altering the disposition and that no homeopathic curc—i.e. a cure conforming to nature—can be achieved without choosing a remedy which covers as closely as possible, both the physical and the mental symptoms. In a footnote thereto concerning the adaptation of remedies such as Aconite, Nuxvomica, Pulsatilla, Ignatia to the mental state, Hahnemann draws the first outline of a new psychopharmacology which could become the therapeutic key for a future psycho-somatic medicine.

Cannon states : "In modern life infection have diminished and nervous strains have increased", and "the medical profession has not recognized in a practical way the recent shift in the etiology of disease", i.e. the rising etiological importance of emotional causes. If we are to treat patients rationally, considering the etiology, we have to keep in mind this most important fact. Von Bergmann says : "Psychic phenomena often give us the earlier, because subtler, finer clinical signs." The modern trend in medicine is directed towards an early diagnosis and treatment constituting a preventive medicine. If we are to treat patients early we have to pay more and more attention to the mental symptoms and syndromes. Modern medicine takes the patient as a unity of mind and body, and as an individual, tending towards psycho-somatic medicine

and a medicine of the individual. Whereas the organ symptoms are practically the same in each case, the mental symptoms as an expression of the highest organized system reveal the individuality. If we are to treat a patient thoroughly, and individually, we have also for this reason to observe his mental set-up and his individual behaviour.

Homeopathy, which has always stressed the clinical significance of the mental symptoms has recognized in a practical way the importance of emotional factors for the etiology of diseases. It also finds itself—as could be shown—in accordance with the modern trend towards a preventive and a psycho-somatic medicine and demonstrates at the same time the practical possibility of the most interesting, the pharmacological approach towards the highest goal of medicine, the therapy of the personality.

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NOTATU DIGNUM.

"*Chronic* cases should *not* eat to excess that which they especially crave, whereas *acute* patients *may*—and *should*—eat largely of what they crave, if the craving comes on with the illness. The most extraordinary lapses from classical procedure show admirable results when this rule is followed. *But be sure* that it is a true craving, unusual, individualizing the patient's reaction to the (so-called) acute disease. The craving for and aversions to food in chronics will, of course, give you sound generals for your hierarchy of symptoms. If, in chronic cases the remedy is given, it will, little by little, enable the patient to assimilate that food

which he craved, at the same time, quite reasonably, modifying the craving. For example, I have an *Argentum nitricum* patient who craved sugar and was ill from it, and who, under *Ang. nit.* no longer craves it, but can eat it with impunity. Similarly, I have a *Calcareo* child, who, after *Calc.* ceased craving chalk and indigestibles and can assimilate lime from food. In connection with being made ill by specific articles of food several interesting points arise: Try at first to see wheather it is a combination of foods which disagree, or the one given element of diet. A wise professor once told me that almost anyone could eat almost anything if they ate it by itself. Next in the case of certain acids, try giving cream cheese or cottage cheese with them. For instance, those with whom strawberries disagree, can often take strawberries if cream cheese is eaten at the same time; and similarly with tomatoes. This also applies to shellfish in some patients. Beware the combinations of acids and sugars, starches with meat, in people with delicate digestions."

—Elizabeth Wright Hubbard, M. D.

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PICRIC ACID.*



Synonyms : Acidum Picricum ; Carbazotic acid; Trinitrophenol ; Tri-nitro-phenic acid.

Pure Picric acid is dissolved in distilled water (1 in 100) for the first centesimal dilution. Also trituration.

General action : It causes profound alteration of the blood, even disintegration of corpuscles ;

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degeneration of the spinal cord, with paralysis. inflammation of the kindeys, etc. When taken internally in toxic doses it acts as an irritating depressent, reducing the temperature and blood pressure.

Therapeutic uses : "This remedy is frequently of service to restore the wasted and worn out systems of those who are suffering from the effect of close application to study or business, and become anæmic and neurasthenic."—(BLACKWOOD). "A universal prostration, psychical and physical, is the distinguishing feature, and *speedy exhaustion from slight exertion* the grand characteristic of this remedy. One single word portrays the generic action of Picric acid : **ASTHENIA.**" (JONES).

Picric acid is suited to persons of dark complexion, with dirty appearance of knuckles, due to pigmentation of bile ; anæmic and cachectic persons, worn-out, overtaxed mentally and physically. Great sexual desire with emissions.

Acne. Boils. Brain fag. Boils in ears. Styes. Profuse seminal emissions. Priapism. Erotomania. Pruritus vulvæ. Onanism. Anæmia. Leucocythemia. Congestion of liver. Fatty liver. Jaundice. Pernicious anæmia. Paralysis. Paraplegia. Hemiplegia. Spinal irritation. Spinal sclerosis. Writer's cramp. Lumbago. Myelitis. Sycosis. Bloody urine. Diabetes; etc. "Hysteria. Extreme exhaustion at the menstrual period." Cancerous cachexia,

Generalities : Bright yellow color of sclerotic, skin and urine. Trembling of all muscles. Darting pain in various parts, extending into bones, every

hour in the day. TIRED FEELING ON LEAST EXERTION ; on walking ; on ascending stairs ; on rising from bed, with lame sensation ; *with no desire to talk or do anything, indifferent to everything around him.* Great perspiration.

Mind : Desire to be alone. Irritable. Low spirits. *Indifference, lack of will power to undertake anything* (Phos.). *Disinclination for mental and physical work, aversion to talking or movement, with the headache. Mental prostration after reading a little ; any attempt to study causes burning along spine ; with great weakness of back and legs. Mental prostration after writing a little. Inability to collect thoughts or to study* (Phos.).

Head : Aching, all day ; *better* pressure or bandaging head. The headaches may be relieved by cool applications (Puls. Tabac.). Vertigo at noon, *worse* rising from a seat. Heavy pain in supraorbital region. Neuralgic pain alternately in left and right temples. *Pain in occiput, and in nape.* Heavy pain in occiput, *extending down neck and spine.* *Confusion in base.*

“Violent occipital headaches, always *worse* by mental effort, with general fatigue. Brain fag, the slightest mental exertion brings on headache at the base of the brain ; the pain is generally intense and throbbing. Any attempt at mental labor causes great general prostration.”

Eyes : Yellow. Stinging, with lachrymation. Dryness and feeling as if full of sand. Shooting in centre, extending along optic nerve to occiput,

with soreness of balls on touch, and photophobia. *Conjunctivitis* ; worse right eye, better washing with cold water and by cold air ; worse warm room, with difficulty in keeping eyes open, and sticky feeling on reading. Chronic catarrhal conjunctivitis with copious, thick, yellow discharge. LIDS swollen and sore. Heaviness and inability to keep them open when studying. "Ophthalmia, better cold water." Air looks smoky. Vision of sparks. STYES, and soreness.

Ears : Puffy and burning, with sensation as if worms were crawling in them. *Buzzing and hissing*. "Noises in ears with vertigo and headache at the base of the brain. Chronic deafness, apparently caused by excessive headache, with noises in the ears when tired, membrane pale." *Boils in ear*. Otitis.

Nose : Weight on bridge. Nose full of mucus, can breathe only through mouth, better in open air. Bleeding from right nostril, with heat and congestion of head. Epistaxis. Boil in left nostril.

Mouth : Taste bitter ; sour ; bad, of gas. White, frothy saliva hangs in strings to floor.

Throat : Dry. Red with rawness and hot feeling. Feeling of a plug on swallowing saliva and afterwards.

Stomach : Aversion to food. Thirst unquenchable, for cold water. Eructations bitter, after breakfast. Nausea, after retiring, with headache. Sharp pain in epigastric region. Vomiting.

Stool : Diarrhoea, with burning and smarting at anus. Light colored stool. Yellowish, copious, oily, frequent.

Urinary Organs : Pain in region of bladder ; sharp, in evening, *worse* right side. Dribbling micturition. Burning pain during and after micturition. Urine bloody. Dark yellow, with strong odor. *Scanty*. Urine contains abundant urates. *Urine contained much indican, numerous granular cylinders and fatty degenerated epithelium*. "Valuable for subacute and chronic inflammation of kidneys, with scanty urine, dropsy, profound weakness, very dark, bloody urine." Enuresis. *Diabetes*.

Male Sexual Organs : *Terrible erections at night, with restless sleep*. Priapism. Satyriasis. Emission, with erection which lasted about ten minutes after emission. *Desire at night*, with erections, lewd dreams and emissions ; *emissions every other night*. Desire, with almost constant priapism night and day, Condylomata. Sycosis. "It has proved valuable for seminal emissions followed by extreme exhaustion, occipital headache, etc." Useful in prostatic hypertrophy, if not very advanced. "Loss of sexual power, with tendency to boils and carbuncles. Loss of power, with threatening paralysis of the legs."

Female Sexual Organs : Aching in left ovarian region. Mens delayed, painful, bruised pain in abdomen, with sickening sensation ; "Yellowish-brown leucorrhœa in bed, *before* menstruation appears, and voluptuous pruritus vulvæ *after* menses (never before.)"

Back and Extremities : Lumbago. Pain in back, *worse* sitting. Weakness in sacral and lumbar

regions. Pain in lumbar region ; and anteriorly in thighs, in muscles, *worse* motion, extending down legs. Sharp pain in region of coccyx. Rheumatic pain in joints. Lame sensation in shoulders. *Heaviness of arms and legs on exertion, worse* legs. Locomotor ataxia. The pains referable to spinal cord are strongly marked. Any attempt to study causes burning pain along spine, with great weakness of back and legs.

Upper Extremities : Shoulders tired, and sore; *worse* right. Shooting in left elbow, extending down arm. Shooting in hands, Perspiration of hands.

Lower Extremities : *Weakness*, on ascending stairs ; and *heaviness*. Hips and legs heavy all day. Knees weak. Acute ascending paralysis. *Feet cold*.

Skin : Yellow. Great perspiration and some jaundice. Itching, at night. Reddish, painful boils about mouth and face. "Very frequently called for in the disposition to boils, either on the back of the neck or within the ears." *Cold limbs*, cannot get warm.

Modalities :

Aggravation : From least motion ; after sleep ; in hot weather ; in wet weather ; between 10 A. M. and 2 P. M.

Amelioration : From cold water ; in open air ; at rest ; from tight pressure ; in afternoon and evening.

Similar : Gels. ; Oxalic ac. ; Phos. ac. ; Phos ; Sil. ; Arg. nit.

Dose : Sixth and thirtieth potency; also higher.

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appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Economic Pharmaceutical Works** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

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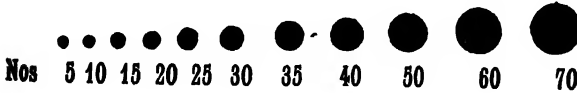
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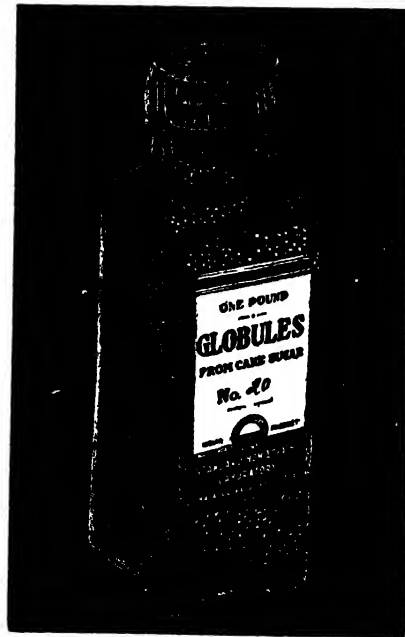
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অগ্নিগ্ন অঙ্ক মেডিসিন—গ্রামুয়েল হানেনমান প্রণীত হোমিওপ্যাথির মূল সূত্র

সমূহের প্রাক্কল ও অবিকৃত অনুবাদ, ২৮৪ পৃষ্ঠা, মূল্য ১।০।

ওলাউঠা চিকিৎসা—২ম সংস্করণ, বোর্ড বাঁধাই, মূল্য ১০ আনা।

ওলাউঠা তত্ত্ব ও চিকিৎসা—২য় সংস্করণ, মূল্য ১০ আনা।

জননেস্ত্রিয়ের পীড়া—(উপদংশ ও প্রমেহ সহ) ৫ম সংস্করণ, মূল্য ১০ আনা।

নরদেহ পরিচয়—(৩০ খানি সূন্দর চিত্র) ১১২ পৃষ্ঠা, ৫ম সংস্করণ, মূল্য ১০ আনা।

পারিবারিক চিকিৎসা—চতুর্দশ সংস্করণ, ১১৮৪ পৃষ্ঠা, মূল্য ৩।০।

,, ,, সংক্ষিপ্ত, ৬ষ্ঠ সংস্করণ, ২৫০ পৃষ্ঠা, মূল্য ১০ আনা।

পারিবারিক ভেষজ-তত্ত্ব—(মেটেবিয়া মেডিকা), ২২৩ পৃষ্ঠা, মূল্য ৩।০।

বহুমুত্র বা ডায়েবেটিস—মূল্য ১।০ আনা।

বায়োকেমিক চিকিৎসা বিজ্ঞান—(সবল বায়োকেমিক মেটেবিয়া মেডিকা,

থেবাপিউটিকস্ ও বেপাটবী) ৭০৪ পৃষ্ঠা, মূল্য ৩ টাকা।

বায়োকেমিক চিকিৎসা-সার—৪র্থ সংস্করণ, মূল্য ১০ আনা।

বেরিবেরি—(বোগেব ইতিহাস, লক্ষণ ও চিকিৎসা) মূল্য ১০ আনা।

ভেষজ বিধান—(ভাবতীয় ঔষধ সহ জাপান ও আমেরিকান ফার্মাকোপিয়া)

২ম সংস্করণ, কাপড়ে বাঁধাই, মূল্য ১।০।

ভেষজ লক্ষণ সংগ্রহ—(মেটেবিয়া মেডিকা) রবেল ১৭৯১ পৃষ্ঠা, ৪র্থ সংস্করণ,

কাপড়ে বাঁধাই, পবিশিষ্ট সহ, মূল্য ১০।০ টাকা।

ঐ পরিশিষ্ট—৪৫০টি হস্তাপ্য ও ভাবতীয় ঔষধের মেটেবিয়া মেডিকা

পৃথক লইলে. মূল্য ১।০।

রেপার্টরী—৭৬৪ পৃষ্ঠা, কাপড়ে বাঁধাই, মূল্য ৫।০।

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হাস ও বসন্ত—মূল্য ১০ আনা।

ক্ষয় রোগ চিকিৎসা—মূল্য ১০ আনা।

हिन्दी ।

ऐलेक्स कीनोट्स—मूल्य ३॥

खगानेकी औषधियाँ और प्रथमोपचार—मूल्य १,

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वायोकेमिक चिकित्सा-विज्ञान—(मेटोरिया मेडिका और रेपटरी) मूल्य ४,

हैजा चिकित्सा—३११ पृष्ठ—मूल्य १॥

होमियोपैथिक सार-संग्रह—सरल चिकित्सा पद्धति, ४६० पृष्ठ—मूल्य ॥॥

जननेन्द्रियके रोग—मूल्य १,

केण्ट मेटोरिया-मेडिका—खूब ही सरल अनुवाद, २ खण्डोंके मूल्य १२,

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भार्गेनन—सरल हिन्दी अनुवाद—मूल्य २,

पारिवारिक चिकित्सा—सब रोगोंकी चिकित्सा, नवाँ संस्करण १९०० पृष्ठ । २ खण्डोंका मूल्य ५,

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रेपटरी—रोगकी दवा बतानेवाला ग्रन्थ । मूल्य ६,

स्त्री रोग-चिकित्सा—मूल्य २,

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अंगरेजी-हिन्दी-चिकित्सा शब्द-कोष—६५० पृष्ठ—मूल्य १०

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क्रीतकाजेर आञ्जकाहिनी—बूकार टि औराशिंटेनेर आञ्जकारित (वेक्कल

टेक्कट्ट बूक सोमाहेटि कर्तुक पाठा उ पूरुकारेर पुस्तक शिमावे

निर्वाचित), २२ संस्करण, ॥०० आना ।

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कानकिषि— " " " ६२ " १० आना ।

আমাদের প্রকাশিত (বাঙ্গালা অক্ষরে) সংস্কৃত পুস্তকাবলী।
মোহনদেবগর—বড় অক্ষরে, বোর্ডে ছাপা, ডজন ১০০ আনা।
শ্রীমদ্ভগবদ্গীতা—১০০ আনা; শ্রীশ্রীচণ্ডী—১০০ আনা; বিরাট-পর্ব—
(মূল) বড় অক্ষরে ছাপা. ২০; স্তোত্রাবলী—১০।

हिन्दी ।

व्यवसायो—मूल्य १५

देवनागरी अक्षरोंमें संस्कृत पुस्तकावली

चण्डी—(श्रीश्री दुर्गा सप्तशती)—बड़े अक्षरोंमें, मूल्य १५
गीता—(बड़े अक्षरोंमें) मूल्य १०
मोहमुद्गर—लटकाकर रखनेके उपयुक्त बंधाई—मूल्य १,
सर्वोपनिषद्—कपड़ेकी जिल्द मूल्य २५ कागज जिल्द २॥

M. BHATTACHARYYA & Co.

84, Clive Street, Calcutta.

MANUAL OF MATERIA MEDICA

(WITH ALLEN'S CLINICALS)

Will be shortly out.

M. Bhattacharyya & Co.

THE HOMŒOPATHIC HERALD.

Vol. V.

JUNE, 1942.

No. 4.

Editorial

DO GODS MOVE ?

Veritable and interesting as it is, the story goes that Sir Henry Wheeler, presiding over a ceremony at the Calcutta Homœopathic Medical College and Hospital, said with his remarkable candour that so long as he was a hidebound official in India the Homœopathic Medicine was to him a taboo ; but when he was at his home in England, either on a long furlough or on a short leave, all other systems of medicine being under taboo in his family, he had to take Homœopathic treatment and found wonderful results. Of course, Sir Henry's brother was the renowned Dr. Wheeler, London's famous Homœopathic physician.

Fashion is allowed to prevail over usefulness and comfort, be it in State affairs or in personal matters. Personal or communal welfare is subordinated to the opinion of the fashionable society. Even in spheres of State administration and education, extrinsic effects count more for the appraisal of position and respectability.

And the influence of company upon mind and intellect is none the less powerful than the effect of a miasm upon the body. A popular individual with all the transcendent qualities of head and heart is found succumbing easily to the peccant infection of the company he is placed in and undergoing a piteous metamorphosis. It is thus that we find British cabinet holding fast some of the traditional die hard conservative policies, be it a coalition or liberal or labour ministry. Likewise in our country it is not an uncommon instance that a people's man maugre his liberal views and reconstructive proclivities pliantly takes the distinctive mould and colour of his office no sooner he is seated in the temple of temporal gods. We feel he does not do it wishfully. It is an infection against which few are immune. The fear that "knaves should call him fool" suffers many a welfare prospect keep hanging fire. Even with the visitation of a virulent cholera-epidemic and a precocious outbreak of the predacious malaria epidemic gloriously parading over the province, the State Faculty of Homœopathic Medicine cannot peep out of the pages of the Calcutta Gazette.

CHOLERA PROPHYLACTICS.

Arsenic or Cuprum aceticum or Veratrum alb. in potency 30, once daily for three doses. These do not have the splendour and pain of inoculation, but are more dependable than the officially patronized poker.

A. R. P.

FIRST AID IN AIR RAID.*

(Homœopathic)

Accidents, Bruises and Shock :

Cases of accidents, bruising or shock will have the effects minimized, and the recovery accelerated, by the administration of *Arnica* 200, one dose every 2 hours for 6 doses.

Punctured Wounds :

Where small splinters have penetrated the skin there is great danger from infection. This will, to a large extent, be obviated by giving *Ledum* 200, one dose every 2 hours for 3 doses.

Injuries to nerves :

Injury to sensitive nerve tissue is extremely painful, and the pain can be greatly reduced by giving *Hypericum* 200, one dose every 2 hours for 3 doses.

Burns :

In addition to general measures for the treatment of burns, a very soothing application which minimizes sepsis and promotes healing is *Urtica urens* tincture, one teaspoonful to one pint of water, applied as a wet dressing. In addition, *Urtica urens* 30, one dose every hour for 6 doses, reduces shock and pain.

* Reprinted from a leaflet issued by the British Homœopathic Association, 43 Russell Square, W. C. 1, London.

Anxiety and fear :

For the anxiety and fear commonly felt during an air raid *Aconite* 200, one dose every hour for 3 doses, will be found to steady the nerves without producing any depressing effects.

Hysteria :

In cases of hysteria and excitement, with a tendency towards weeping or undue emotion, *Ignatia* 200, one dose every half-hour for 6 doses, will be found to have marked controlling properties.

Dressing for wounds :

In all cases of wounds, *Calendula* tincture, one teaspoonful to one pint of water, makes an excellent preparation for cleansing the wound and for applying as a wet dressing. Not only has it definite antiseptic properties but it is also extremely soothing in its effects.

—The Homœopathic Recorder,
Vol. LVII.,—No. 7.

—O—

AIR RAID PRECAUTIONS AND HINTS.

We are asked to repeat, and amplify : but must preface our precautions with those of Isaiah, whose message is strikingly apposite to those at home in our black-out of shrinking expectation.

“Come, my people, enter thou into thy chambers, and shut thy doors about thee ; hide

thyself, as it were for a little moment, until the indignation be overpast."

"For the Lord cometh out of His place to punish the inhabitants of the earth for their iniquity....."

Think! during an air battle the great and wide danger is not from gas bombs, or incendiary bombs, or explosive bombs, however terrible—where they strike. Gas masks make people happier—safer in the streets—should their bomb happen to be gas. Incendiary bombs we are combating after a somewhat peculiar fashion, where we put up protective covering and partitions of inflammable materials, to serve as kindling for structures not particularly vulnerable.

But the great, and far wider danger is from violently hurled jagged plate-glass splinters, and from the overhead artillery of friend and foe alike; because in open places we are in equal danger from our own fighters as from the enemy, when bullets and shrapnel, etc., return to earth from great heights, with gathering momentum. From this danger, roofs, walls, even doors may be sufficient protection or the tin hat for those on duty in the streets. But for the population, generally, the precautions of Isaiah come into force,—“Enter thou into thy chambers, and shut thy doors about thee, and hide.....” Did the prophet envisage even the black-out, where we hide against the “terror that flieth by night”?

Speaking of the deadly peril from shattered glass: some of us realize that, in the Great War, when air raid victims were carried into our hospital

from a nearby street. No one who saw the dead in our mortuary failed to recognize that London was not built for air raids. One saw the broken, twisted limbs with bits of jagged glass sticking out of their wounds :—the pretty girl, her face a mere mask, because the back of her head had been neatly cut off—*by glass*. Had these foolish persons only retired into their hotel, half a dozen steps away, they need not have been slaughtered.

And, while were on the subject : sandbags filled with sand can stop bullets : we had such bullets sent back again and again by the grateful soldier who had searched for it in the sandbag that had saved his life. But where bags are filled with shingle or stones, these are capable of making deadly missiles, when sent violently flying : as bad as the chuks of rock, so fatal to our soldiers positioned on rocky ground, with no sandbags available. We still have the letters of thanks that exemplify these things.

ACONITE. Sudden fright. Anguish : restlessness.
Fear at night. Fear to go where there is excitement or many people.
Anxiety felt in the region of heart.
Sleepless from fright.

ARSENICUM. Fear ; anxiety ; fearful restlessness.
Case :—After an air raid in the war, a frantic patient : “Where could she go ? What could she do ? If she stayed here, they might come again. If she went into the country they

might come there !" *Arsenicum* gave immediate calm, and she was no more at trouble.

ARGENTUM NIT. Anticipation ; internal trembling. Apprehension disorders the stomach. Diarrhœa from apprehension (*Gels.*).
HURRY.

GELSEMIUM. Great lack of courage. **TREMBLING.** Diarrhœa from anticipation (*Arg. nit*).

IGNATIA. May act as a charm ; especially where there is grief and sighing.

OPIUM. Invaluable for bad effects of fear ; fright : apprehension of approaching death.

A goitre patient, a Great War air raid victim, whose house had been wrecked and fired by a bomb, she pinned down under a beam to be burnt alive, appeared recently for "nerves." She lay awake at night, listening for "them." She got *Opium* in high potency, and soon returned to say that she had lost her fear, and was again sleeping. Specific for past frights that recur.

HELEBORUS. Cured case of shock from blow on head. *Arn.* had failed : patient drowsy : answered slowly as if half comprehending : one pupil larger, one leg dragged : pulse not 50. Patient was worse 4-8 P. M. (all *Heleborus*).

EXTERNAL REMEDIES.

ARNICA. Bruises and injuries of soft parts where skin is not broken. (Internally also, for overstrain, physical or mental: tired heart: tired sore muscles.)

HYPERICUM. Instead of Arnica, where skin is broken or nerves injured with other soft parts. "Nothing equals it in mashed fingers: soothes pain and promotes healing. Follows *Arn.* in concussion of spine." We have seen it also promote and modify suppuration.

CALENDULA. "For torn and ragged wounds, even with loss of substance (*Hyper*). Removes inflammation and permits local healthy granulation."

LEDUM. Especially useful for punctured wounds: tetanus.
Its peculiarity is, relief from cold.

URTICA URENS. A marvellous remedy for burns of first and second degree. Stops pain instantly; promotes rapid healing.

SYMPHYTUM. Bone injuries: fractures, internally and externally. Injuries to perisoteum (*Ruta*) and eyes.

INTERNALLY: A few granules, dry on tongue: or dissolved in enough water for several two hourly sips.

EXTERNALLY : Three or four drops of tincture in water, to moisten lint or gauze : cover with oiled silk or wool. Renew when dry.

—"Homœopathy,"—Nov. 1939.

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THREE USEFUL REMEDIES FOR AFTER EFFECTS IN A. R. P. WORKS.

(W. S. PATRICK. M.D.)

Anthracinum, Causticum and Opium.

ANTHRACINUM. Very useful in the treatment of punctured wounds after *Ledum* has done its work, but does not go deep enough. "A small red spot, sometimes with a blackish point in the middle, gradually becoming more sensitive, has to scratch, it reddens more and more, swells and forms a small pustule or blotch."—Allen. "The excoriated spot dries up, becomes brown and livid and a local eschar forms."—Allen. "Erysipelas gangrenose"—Allen.

Insect sting on face which patient scratched : secondary infection set in, leaving black scar surrounded by bright red inflammatory streaks, with much burning. Treated by *Ledum*, *Ars.*, but persisted for two weeks. *Anthracinum* 200, one dose cleared up whole trouble in three days.

CAUSTICUM. Ailments from long-lasting grief. (c.f. *Ignatia*, *Nat. mur.*). Intensely sympathetic to sufferings of others. Worse in cold dry weather.

Better, damp, warm. (compare Rhus, etc.) Contracted tendons. Rheumatic tearing in limbs : better warmth, especially heat of bed. (reverse Sulph., etc.) Cracking and tension in knees ; stiffness in hollow of knees—as if tendons shortened. (c.f. Cimex.). (Several cases of this lately—all worse in cold, dry weather—seems to be a concomitant of long contained strain !)

OPIMUM. The remedy par excellence for FRIGHT and THE FEAR OF THE FRIGHT REMAINS. Vivid anxious dreams. Indifference to work and duty to others. The fear has paralysed all effort. Especially in those who try to drown their fear in beer ! One dose of Opium 10m worked wonders in such a case.

—o —

AIR RAID PRECAUTIONS.

ACONITE. Sudden fright. Anguish : restlessness. Fear at night. Fear to go where there is excitement, or many people.

Anxiety felt in the region of heart, Sleepless from fright.

ARSENICUM. Fear : anxiety : fearful restlessness. *Case* : After an air raid in the war, a frantic patient. "Where could she go ? What could she do ? If she stayed here, they might come again. If she went into the country, they might come there !"

Arsenicum gave immediate calm ; and she was no more trouble.

- ARGENTUM NIT. Anticipation : internal trembling.
Apprehension disorders stomach. Diarrhoea from apprehension (Gels). HURRY.
- GELSEMIUM. Great lack of courage. TREMBLING.
Diarrhoea from anticipation (Arg. nit).
- IGNATIA. May act as a charm ; especially where there is grief and sighing.

—"Homœopathy,"—Dec. 1940.

—O—

HOMŒOPATHIC MEDICATION IN HEART DISEASE.*

GARTH W. BOERICKE, M. D.

Philadelphia, Pa.

THE heart possibly more than any other organ is the object of so-called direct medication and yet the organic lesions amenable to such measures are not nearly so frequent as other symptom syndromes.

Symptoms relating to the precordial region usually send the patient scurrying to his physician who may have the good judgment to evaluate them properly and, if this is so, but rarely does he resort to a true cardiac drug, by which we mean one which has a tissue proclivity for this organ.

* Read before the Bureau of Internal Medicine at the joint convention of the Southern Homeopathic Medical Association and Pan-American Homeopathic Medical Congress held at Louisville, Kentucky, Nov. 1, 1941.

First, there is the heart itself, which may be so handicapped by valvular lesions that its reserve power is non-existent.

The peripheral resistance is next and here we mean only the capillary system. Large arteries even though thoroughly calcified exert slight strain on the heart and the radial artery is no guide to this state. It is an *arteriolosclerosis*, not an arteriosclerosis. The arteries in the brain, portal system, and kidneys are the worst offenders, as resistance goes up according to the inverse square of the tubes diameter. This is the formal cause of hypertension—capillary spasm—but just what causes this condition to exist in an individual, no one has discovered although as usual theories abound.

The third factor of cardiac failure is the viscosity of the blood, since in certain conditions, such as increase of CO_2 , it is much increased and obviously a heavy fluid takes more power to push than a light one. We draw the conclusion that, if we can lessen this viscosity by constitutional medication, this would be the rational way to treat a heart so embarrassed. Drugs like SULPHUR, LYCOPODIUM, and CALCAREA, may bring this change about, if prescribed carefully on constitutional grounds

The last factor is likewise extra cardiac, the return or venous circulation may be impeded. Long-standing emphysema, old T. B. lesions, chronic bronchitis, all these retard the action of the accessory muscles of respiration and hence prevent an adequate amount of blood being delivered to the

heart. Obviously, a heart cannot pump that which it does not get.

And so, Homeopathically, we may best aid the heart by trying to modify the pulmonary process. In other words, it may not be a cardiac drug at all we use, but one such as PHOSPHORUS, ANT. ARS., or CARBO. VEG.

Rest, diet, and physiological unloading are indicated, but I have found that after such measures there are often annoying subjective symptoms which are properly controlled by a Homeopathic prescription. One such case was that of a butcher with a typical hypertensive decompensating heart with extensive edema. Following his unloading, he still complained of choking sensation at night and on waking up. LACHESIS removed this last of his complaints and he was discharged until such time as he would decompensate himself again.

The moderately decompensated hearts without disturbance of the cardiac rhythm and usually with subjective symptoms of pain, palpitation, etc. are true Homeopathic candidates.

So far, we have tried to justify the use of Homeopathic drugs on broad physiological grounds. We shall now attempt to fit in our Homeopathic drugs according to classification of heart disease by the American Heart Association.

We will list the drugs under the various etiological, anatomical classifications and their sub-heads, then add a third classification which is clinical for some symptoms and syndromes. More

details, descriptions of individual indications are listed which we shall not read at this time in its entirety but simply pick out the more important drugs. I have had these mimeographed for distribution and will now mention some of the drugs in more detail.

HEART DISEASE.

Homeopathic therapeutics based on classification of American Heart Association.

Etiological :

<i>Arteriosclerosis</i>	Arsenicum iodatum 2x
	Plumbum metallicum 3x
	Baryta carb. 3x
	Sumbul
<i>Bacteria infection</i>	Arnica 3x
	Hg 1 3x
<i>Effort Syndrome</i>	Sulphur 6x
	Colfea 6x
	Iberis 3x
	Lilium tigrinum 3x
	Nux vom. 3x
	Moschus 3x
<i>Hypertension</i>	Crataegus 0
	Aconite 3x
	Plumbum metallicum 6x
<i>Rheumatic fever</i>	Kalmia latifolia
	Cactus 0 (cactina 2 grains b.i.d.)

The above list is suggestive only. The clinician is urged to verify the symptoms of the drug selected by referring to section on "symptomatic indications."

Anatomical :

<i>Aortitis</i>	Aurum 3x Baryta carb. 3x Fluoric acid 3x
<i>Arteriosclerosis of coronary origin</i>	Spigelia 3x
With narrowing	Lactroectus mactans 6x Cactus 0
With occlusion (during rest period)	Lachesis 6x Arnica 3x Arsenicum iodatum 2x
<i>Degeneration of myocardium</i>	Arsenicum iodatum 2x Crataegus 0 Strychnia phos 3x Cactus (cactina pellets 1 pellet = 1 grain) Calc. carb.
<i>Enlargement of the heart</i>	
Dilatation	Kalmia Latifolia 3x
Hypertrophy	Bryonia Crataegus 0
<i>Infarction of myocardium</i>	
Recent	Lachesis 6x Arnica 3x
Healed	Crataegus 0
Myocarditis, active	Kalmia Latifolia 3x
<i>Diseases of endocardium and valves</i>	
Endocarditis	Mercurius Iodatus 3x
Valvulitis (active)	Kalmia Latifolia 3x
Valvulitis (inactive)	Bryonia
Pericarditis	Naja Tripudians 3x
Fibrinous	Bryonia 3x Arsenic 3x

Serofibrinous	Colchicum 3x Sulphus 0
Suppurative	Cantharis 3x
<i>Clinical remedies for some symptoms and syndromes</i>	
Paroxysmal tachycardia	Iberis 3x Aconite 3x
Premature contractions	Tobacum 30x
<i>Constitutional prescribing with chief symptomatic complaint as a guide</i>	
Palpitation	Iberis Aconite Ignatia
Emphysema and pulmonary sclerosis	Antimonium arsenicosum 3x Grindelia 0, 1-10 gtts.
Venous engorgement, dilatation, varicosities (peripheral, not cardiac)	Carduus marianus 0 Hamamelis virginica 0 Sepia 6x Carbo veg. 6x
Post-influenzal myocarditis	Iberis
Angina pectoris	Spigelia 3x Lactrodectus mactans 6x Magnesia phos 3x Cactus (cactina 2-5 pellets) Lilium tig.

SYMPTOMATIC INDICATIONS.

Aconite—Mental fear and anxiety with or without organic lesions. Tachycardia and palpitations with much heart consciousness. Thyroid heart.

Antimonium arsenicosum—To be used where the clinician feels that the patient's complaints come more from an emphysema and pulmonary sclerosis than from myocardio disease. Weakness and strangling cough are often marked, senile cases.

Arnica—Chiefly to aid in promoting the fibrosis following an infarction, also following infections whose toxins have injured the myocardium. Stasis and relaxed blood vessels. Symptomatically the patient often complains of sore, bruised feeling, particularly over the precordium. Pain referred especially to the elbow and left arm. Anemia, debility, sweat, and occasional temperature. Skin is apt to be dry and scaly, a tubercular diathesis with cardiac complications, best expresses its field.

Aurum metallicum—The profound melancholy even to suicidal tendencies is most marked, old leuitic heart disease with aortitis and hypertension. Aggravation particularly in winter months and from cold.

Baryta carb—General degenerative processes, particularly affecting the cerebral and cardiovascular syndrome often accompanied by enlarged prostate, intensive sweating, particularly the feet. Distension of blood vessels, aneurism with threatened sequelae of rupture follow. Forces contraction of the blood vessels and hence is suitable to hypertension, usually symptoms of distress in the region of the heart with rather fast action and hypertension.

Cantharis—This is an inflammatory and irritative drug and its only use in cardiac disease is in pericarditis with effusion. Some urinary distress should be a subjective complaint.

Bryonia—For the sub-acute or chronic rheumatic cardiac. Type of patient seems important, usually they are spare, dark, firm-fibered, apt to have distress after eating. Mucous membranes are all dry and a dull pain worse on motion is felt over the precordial region.

Cactus—The cactina pellets provide accurate dosage as one pellet equals one grain. Mentally, the cactus patient is rather

sad and melancholy. The coronary syndrome is marked with constriction and localized pain. Senile cardiacs of this type do well under the drug for long periods of time and it can be advantageously alternated with maintenance doses of digitalis in these cases.

Carbo vegetabilis—A chronic anoxaemic state is pictured by this drug. Suits particularly the obese cardiac: sluggish fat, veins are dilated and circulation poor. People who have never fully recovered from the effects of some previous infection usually of the respiratory tract. Respiratory and cardiac symptoms are mixed, but the voice fails on the slightest exertion, the usual symptoms of cardiac decompensation are present. The carbo patient needs air and is apt to be found fanning himself.

Carduus marianus—Suitable to cases of either cardiac or hepatic cirrhosis. Dilatation of the veins is prominent, varicosities, chronic engorgement. It is not the heart so much in this drug as the lack of returned blood supply. Varicose ulcers are usually present. Liver is usually sensitive and enlarged.

Coffea cruda—Functional heart disease with nervous agitation, restlessness, and particularly sleeplessness. Extreme sensitiveness characterizes this remedy. General intolerance of pain and activity of body and mind, so-called nervous palpitation. Cardiac symptoms and crude palpitations particularly after any emotion.

Crataegus--One of the most useful of our Homœopathic drugs of the heart. It is used in tincture and often combined with Cactus for the long-time cardiac therapy. Experimentally, it has been shown to lower blood pressure and is suitable to the early stages where the blood pressure is still fluctuating. Drug contains large quantities of Vitamin C. The effects are on the

muscle and has no effect on the endocardium. Senile heart with dyspnoea on slight exertion. Following infections patients are benefited by this drug. Increased dyspnoea without necessarily increased pulse rate rather indicates *Crataegus* clinically. Flabby or monotone heart sounds, weak but not irregular pulse are present. As a rule there is no anginoid pain with *Crataegus*.

Fluoricum acidum—Luetic history, aneurism, and alcoholic. Marked dental decay is an indication, well proved experimentally. Varicose veins and ulcers. Resembles *Carduus marianus* but has not the liver symptoms. Where the line between true cardiac and senile bronchitis is difficult to determine. After failure from *Digitalis* and dyspnoea still persists with wheezing, rales, cough, it may be tried. They cannot breathe when lying down. Acts primarily on the pulmonary regulation.

Iberis—One of our best cardiac Homœopathic drugs. State of nervous excitement, easy palpitation marked consciousness of heart action. Dizziness, choking, stitching pains in the pre-cordial region. The usual sensations are weight and pressure and occasional sharp pains. Suits the thyroid type of cardiac case. Drug seems particularly helpful for asthenia following an infection such as influenza. Early symptoms of left ventricular failure where we ordinarily give *Digitalis* has been benefited by *Iberis*.

Ignatia—For cardiac neurosis, rapid change of mental and physical condition, symptoms are marked together with much sighing. Worse from stimulants, especially tobacco. The clinical remedy for the coronary syndrome. Sensation as of bar laid across the chest with anginoid pain. Marked soreness in the region of the heart together with sympathetic digestive symptoms such as distension, colic.

Arsenicum iodide—has been used in our heart clinics for senile cardiac complaints, so-called myocarditis, and chronic aortitis. The etiology of such complaints is often attacks of influenza or winter bronchitis which apparently overcomes the myocardial reserve. General symptoms are weariness of the whole body with heaviness of the limbs. This drug is given over long periods of time preceding acute decompensation and the patient is usually ambulatory.

Plumbum metallicum—presents a picture of general arteriosclerosis, often with paresis of single muscles such as those of the extremities and legs. Patient is apt to be definitely anemia and mentally exhibits slow perception and cerebral anemic. Essential hypotension in the early decompensated stage with marked frequency of urination especially at night. The cardiac field is one of degeneration with slow pulse, poor myocardial tone, and a high degree of constipation is usually seen in these patients.

Mercury iodide—This powerful drug seems to be most Homeopathic to a definite vulvulitis and endocarditis. The researches of the Late Dr. Wilms of Cincinnati has brought this out. It is most active bactericidal of all the mercurials. Specific indications are wanting as all these cases of endocarditis present cachexia, anemia, temperature, and cardiac findings. Etiology—a streptococcus throat is suggestive.

Sulphur—The role of Sulphur in heart diseases is practically confined to the use of the tincture in pericarditis with effusion. The action of sulphur is quite different from its actual potency as is pointed out by Hahnemann himself. Doses of fifteen drops of the tincture of Sulphur are given every three hours to aid absorption.

Lilium tigrinum—Might be described as a Sepia patient with cactus heart symptoms in that it has a sensation as if the heart were grasped in a vice, feeling of fullness and pulsation together with palpitation and rather constant pain in the cardiac region. Special symptoms such as a feeling of coldness around the precordia and a rather profound depression mentally, characterize this drug.

Kalmia latifolia—This drug is quite toxic to lower animals such as frogs, mice, and rabbits. On dogs, injection of the extract produces a marked fall of blood pressure with cardiac slowing. Changes of conductivity were first evident progressively in the P-R intervals followed by partial heart block. It seems to have a direct effect on the smooth muscles. In our provings it is remarkable how many rheumatic pains seem to be experienced by the provers. These are felt especially in the shoulder, elbow, and wrist, and that it seems Homeopathic to rheumatic fever is evidenced from the experiments on animals and provings. Precordial pain of *Kalmia* is rather constant and dull, rather than sharp and intermittent as under *Spigelia*.

Spigelia—This comes to us from Hahnemann and is, therefore, one of our best proved cardiac drugs and has stood the test of time. Among the symptoms are persistent headaches, usually frontal in nature, and invariably aggravated by stooping. The presence of fine needle-like pains are a keynote, may be felt in any part of the body and are usually more left-sided over the precordial region and distribution of the fifth nerve. Overaction of the heart as evidenced by palpitation is also seen. I have had most success with this drug in straight coronary syndrome with the usual modalities of cold, eating, motion, and exercise. The potency used has been the 3x.

Lactrodectus mactans—This viper poisoning produces a picture of angina pectoris with constriction of the chest muscles, and radiation of the pain to shoulders and back. The skin is cold, pulse feeble and rapid, and after an acute attack pain is felt in the left arm which feels paralyzed. It may be given between attacks to prevent recurrence.

Lachesis—Indications for this polycrest are well known. Personally, we feel that this drug aids absorption of hemorrhage after an infarction of the heart muscles particularly. There may be no particular symptoms at this time, but it is given empirically. Otherwise, the symptomatology is associated with left ventricular failure particularly with choking, necessity for air and aggravation following a nap or sleep.

Naja tripudians—The poison of the cobra presents the general symptoms of snake poison such as constriction, but is free from septic aspects. Aggravations of chronic vulvulitis apparently is its field, thus various sensation such as a feeling of weight and heaviness in the precordial region. With this cardiac distress there are symptoms of pain referred to the forehead and temple. As a rule low tension is seen. Clinically, it seems to suit the stage of convalescence following a long rheumatic disease and has a clinical reputation for resolving murmur.

Colchicum—This is a remedy for pericarditis with effusion with much coldness, collapse, and dyspnoea, together with a temperature. Suits the stage of rheumatic fever with much joint involvement and an exudative pericarditis.

Tabacum—an empirical remedy for extra systoles when they occur with greater frequency than normal in a person. Provings of tobacco bring out anginal-like symptoms together with pain in the precordial region and at times an intermittent pulse. Possible antidotal effects of the high potency of this drug for tobacco angina is to be remembered.

Grindelia—This drug though not properly a cardiac drug often helps symptoms due to pulmonary sclerosis, wheezing cough, strangling respiration, and symptoms that resemble left ventricular failure, but are due to extra cardiac causes.

Hamamelis—This also is not a cardiac drug as such. The patient suffers indirectly from venous congestion, varicose veins, add dilatation of the venous system which prevents a proper venous flow back to the heart and hence is a cause of eventual peripheral failure. Objectively, the extremities feel very tired and sore. Obvious venous dilatation is marked throughout the body. Also has an absorbtive action on hemorrhages.

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PATHOLOGICAL ANXIETY.

(Continued from p. 118.)

S. C. Laha M. B. (CAL. UNIV.)

A phobia is a persistent and excessive fear of mind in presence of something which under normal conditions should not cause any fear.

A pin for instance. No body is afraid of a pin. But a patient with a phobia may be more afraid of it, or any sharp object for that matter, than a child is afraid of a ghost. It is a curious condition and a normal man who has'nt got it cannot concieve it. He may laugh at the idea of being afraid of a pin and redicule the patient and try to convince him with arguments—that a pin is

not a dangerous object, that everybody uses it and no body has ever died of it. It must be remembered that all such arguments are useless because the fear in the patient has actually sprung from some deeper layers of the mind and has attached itself with the pin. He is not actually afraid of the pin, but of something of which a pin is a symbol.

The term "symbol" is frequently used loosely to mean anything representing something else. The correct psychological meaning however is that a symbol is a conscious representation of something which is more or less unconscious. Let me give a simple example : A flag for instance is a symbol of power of a nation. That is the reason why a particular nation attaches so much importance to a particular flag. People die to save the honour of the national flag. A flag is hoisted on the ground to symbolise the conquest of the occupied country. It is hoisted full-mast to symbolise victory and half-mast to symbolise distress. Poetries are written and speeches are delivered about the honour of the flag.

Has it occurred to you why so many strong sentiments and emotions of thousands of people are attached to a flag which in reality is nothing but a dirty coloured rag attached to a bamboo-pole ? If you think of it, it certainly seems strange !

The explanation is that all these emotions are really attached to something which lies in the unconscious portion of the mind. They are then displaced from that object and are freshly attached

to some other object which is in the conscious mind and which has a very vague resemblance to the primary object. The second object is the symbol of the first. What that first object is we do not know, because it is unconscious, but we have to guess it from the sentiments exhibited by the people towards the symbol.

There are a host of symbols, hundreds of them which play important roles in a normal man's life. Each one of us has our emotions and wishes attached to some symbol which modify our actions considerably. If the symbol happens to be a little unusual, our conduct is regarded as queer by the society. If it is a common symbol, well, we don't think much of it. Some small animals are symbols of children. So a large number of people bestow a great deal of their affections in pet animals,—dogs, birds, cats, mongoose, even white mouse.

These are simple symbols which we can understand more or less easily if we try to analyse ourselves. Psycho-analysis has found out that there are other symbols which are not so easy to understand because the connections between the originals and the symbols appear to be too far-fetched. But nevertheless it has been proved without a doubt that they are true. For instance, a house with projecting balconies is a symbol of a woman. A journey may be a symbol of death. Overdressing in dream is a symbol of nakedness. A room may be a symbol of uterus. Even common salt may be a symbol of semen.

about how and why or think of anything else except the pain. Only in the case of agoraphobia the panic—a much more intensive suffering than physical pain—is mental. He feels as if he is in the grip of a wild and big animal and in death-agony. He shivers all over, sweat comes out from every pore of his body, his heart thumps violently and his pupils dilate. He stares wildly in every direction for help, but cannot move or run. He is paralysed with fight. He feels as if his feet are pinned to the ground. It is a condition probably worse than actual death. Generally he does not lose consciousness and maintains his mental integrity throughout. Later he may be much afraid to cross a narrow street even.

Naturally, a few such panicky experiences force him to be chained to his own home from which he cannot stir out. Generally there is a circle—an imaginery one of course—with the home as its centre and a radius of a particular length—10, 15, 20 or 50 yds. Beyond this imaginery circle the patient is unable to go. As his condition improves, the radius becomes longer and longer.

In extreme cases he might even be confined to a single room. He becomes unable to step beyond the threshold. I have heard of a case who was confined to a single room for seven whole years.

Gradually as the patient gets better he may be able to go about his works in company with somebody—even a boy. Sometimes even a stick in his hand gives him enough confidence to venture

out alone. People who carry unnecessarily stout sticks with them in town may have the germs of agoraphobia in them.

This phobia or panic generates from some deeper layers of the mind, from the unconscious as we call it, over which the conscious mind has no control. The consciousness tries to reject it, but cannot. It does not like it and does not want it, no more than you want death or disability. Arguments, reason, ridicule or coaxing have no effect on it, no more than they have in curing typhoid or cholera.



PULSATILLA NIGRICANS.*

(*N. O. Ranunculaceæ*)

Synonyms : Meadow Anemone ; Wind flower ; Pasque flower.

Common name : Pulsatilla.

Habitat : Europe and Asia.

A tincture is made of the fresh plant.

It was first proved by HAHNEMANN, who advises its use in the 30th. potency.

General action : Its field of usefulness covers a wide range and it is a remedy of frequent use.

* Pages from the Manual of Materia Medica, edited by Dr. N. C. Bose. Copyright to Messrs. M. Bhattacharyya & Co., 84, Clive Street, Calcutta.

Its most extensive action is on mucus membranes, on eyes, ears, nose and respiratory tract, mouth and digestive tract, vagina and urinary apparatus. It affects the testicles and spermatic cord, the female sexual organs, the veins of the lower extremities and the joints. Its action on the disposition is very marked and important. Its fever is unpronounced, is symptomatic (catarrhal as a rule) and is not attended with thirst or nervous excitement.

Therapeutic uses : Headache ; Vertigo. Acne. Anæmia. Conjunctivitis ; granular ophthalmia. Inflammation of lachrymal sac. Cataract. Stye. Earache. Otorrhœa. Hardness of hearing. Nasal catarrh. Illusions of smell. Epistaxis. Pain in chest. Pain in sides. Cough. Bronchitis. Dyspepsia. Distention. Diarrhœa. Diarrhœa of phthisis. Palpitation of heart. Disorders of pregnancy. Disorders of lactation. Malposition of foetus. False labor pains. Disorders of menstruation. Leucorrhœa. Hysteria. Nymphomania. Phlegmasia alba dolens. Puerperal fever. Puerperal convulsions, Puerperal mania. Heartburn and sickness of pregnancy. Retained placenta. Congenital hydrocele. Hæmorrhoids. Gonorrhœa in male and female. Gout. Synovitis. Rheumatism, gonorrhœal. Inflammation of ovaries. Inflammation of prostate. Prostatorrhœa. Prolapsus of uterus ; inflammation of uterus. Curvature of spine. Tape-worm. Taste depraved and lost. Tongue coated. Toothache. Varicose veins ; inflammation of veins. Whitlow. Chaps. Chilblains. Moles. Mumps. Etc.

Generalities : The Puls. patient generally *lies upon back with hands above head when sleeping ; or with hands crossed upon abdomen and feet drawn up ; the most comfortable position is upon back and feet drawn up.*

DISCOMFORT IN MORNING AFTER RISING, *better MOVING ABOUT. Tension of face and fingers (worse taking hold of anything), as if the parts would swell. Inclination to stretch. Feeling of emptiness of head as after intoxication. Everything about the body seems too tight, she wishes to throw off her clothes (Lyc).*

WEAKNESS ; *the longer he lies in morning the weaker he feels, and the more he wishes to lie, he desires to sleep again. Weakness from a short walk, and necessity to lie down ; tremulous. Heaviness, with chilliness in arm and legs. THIRSTLESSNESS with nearly all complaints.*

SYMPTOMS OCCUR MOSTLY IN EVENING, NEXT IN SUCCEEDING HOURS TILL MIDNIGHT (Cycl., Lyc. Euphras., Puls., Valer.) ; very well one hour, very miserable the next. SYMPTOMS EVER CHANGING ; no two chills, no two stools, no two attacks alike ; apparently contradictory (Ign.).

Its rheumatism is seldom highly inflammatory, "the joints may be swollen, with sharp stinging pains, these pains are usually erretic, they constantly change from place to place, mostly tearing ; *better from pressure and moving about slowly, from cold ; worse warmth and in the evening. Useful for gouty symptoms caused by indigestion (Lyc.). Gonorrhœal rheumatism (Thuja).*

"Paralytic symptoms, especially with disordered menstruation, with numbness of the extremities."

"Occasionally indicated in chorea and in epilepsy. Neuralgia of various parts, pains wandering, with the characteristic aggravations and ameliorations. ,

"Chlorosis, with chilliness, burning heat at night without thirst, palpitation, longing for fresh air etc." "Various forms of hysteria." The characteristic Pulsatilla patient has light hair and blue eyes, and is of a timid or submissive and clinging temperament.

The pains of Puls, rapidly shift from one part to another (Kali bi., Lac. c.; Mang. a.); appear suddenly, gradually increase to climax, and then go off with a snap, (Pain comes suddenly, lasts indefinitely and ceases suddenly—*Bell.* ; *Mag. ph.*).

Mind : "The drug is generally indicated for persons who have a mind, yielding disposition, inclined to weep or for those who are inclined to be very gloomy and too full carc. This sad weeping mood is an almost constant accompaniment of every form of disease requiring Puls. Religious melancholia (Ign., Lyc.)."

LONGS FOR FRESH AIR, *though colic and nausea are worse in open air.* HYPOCHONDRIAC ; MOROSENESS. *Indolence and constant desire to sit or lie.*

Ill-humor ; in morning when thinking of his business ; all day, with discontentment. Weeping when interrupted in his business. Weeping at everything said to him, disgust with everything. Satisfied with nothing, yet not vexed, LACHRYMOSE ; she cannot describe her symptoms without weeping.

She is easily influenced by her surroundings and the people she happens to be with at the time ; there is nothing positive or assertive about her, and the last person who sees, or advises with her, is the one whose opinion she accepts. Pulsatilla character is as changeable as the wind, and Farrington wittily says that this is in keeping with with the plant's name—*Wind flower*.

Laughter and tear are both very near the surface with Puls. patient, and are apt to succeed each other. She is very tender-hearted, her feelings are very easily hurt, but she is seldom sullen and never depressed or spiritless. She craves and needs sympathy in her troubles ; wants company, dislikes to be alone.

Dread of ghosts on approach of evenings. Anxiety, as if in a hot atmosphere ; tremulous, as if death were imminent. *Many wandering thoughts.* He cannot get rid of a thought that he has grasped. Omits letter when writing. Disinclination to mental labour. Mental labour affects him most of all.

"This drug is generally indicated for persons who have a mild, yielding disposition, inclined to weep, or for those who are inclined to be very gloomy and full of care. This sad weeping mood is an almost constant accompaniment of every form of disease requiring Puls. Religious melancholia." Many of its symptoms compare with Ign. and Lyc.

Head : *Sticking, through brain from after dinner till bedtime, with shivering and attacks of faintness.*

Aching, extending into eyes in evening, presses in right eye and tears come out of it, worse walking in open air. ACHING, AS FROM EATING TOO MUCH, OR AS FROM TOO MUCH FAT (Cycl.; Ferr.). Aching as in stopped catarrh; as if in hot wind. Tensive pain over brain. THROBBING PAIN, better PRESSURE.

"Headache, generally one-sided and usually involving the forepart of the head; supraorbital neuralgia of the right side (Cedron). Headaches, like all other symptoms, *worse* the evening, by mental effort or by warmth. Menstrual headache, *worse* in open air."

Bubbling in brain at night, he heard the beating of the pulse in it. Crackling in brain synchronous with pulse, on walking. DULNESS, WITH BRUISED SENSATION IN FOREHEAD. Heaviness, on stooping, it seems as if he could not raise it again; on stooping, sensation as if he would fall forward.

VERTIGO; IN MORNING ON RISING, FORCING HIM TO LIE DOWN AGAIN (Bry; Lyc.). Vertigo, when walking over a high bridge; when walking in open air, *better* sitting; *on stooping, so that she could scarcely rise again, better* SITTING; *vertigo with some whirling even when lying; as if he would fall. on stooping, then inclination to VOMIT. On looking upward, feels as if he would fall or as if he were dancing.* There is vertigo on rising from bed (Bry.; Carbo v.; Cocc.; Nat. m.; Nit. a.; Petrol.; Phos.) forcing one to lie down; and when stooping (Aur.; Bry.; Carbo v.; Graph; Sulph.), so that she could hardly rise again, but it is especially noticed on

looking upward (Cupr.; Petrol.; Phos.) and *worse* while sitting or lying.

"Vertigo is a very frequent accompaniment of Puls. symptoms. It is especially noticed on looking up, *worse* while sitting and lying, usually associated with nausea and gastric disturbance or with suppressed menses."

In forehead, *boring in right side. Tearing in left side of bone in evening. Pain ABOVE ORBITS, involving whole head. Tensive drawing, above orbits, worse raising eyes. Constriction above eyes, worse looking intently.*

Pain, in *left temple. Constriction in temples. Tearing pain in right side of head. Pain in one side as if brain would burst and eye fall out.*

Sticking in occiput, *worse lying, better rising. Pain in occiput, with frequent heat of body and constant sweat. Rhythmical throbbing pain. Drawing pain above nape in morning.*

SCALP : swellings, with pain as from suppuration. Drawing pain on brushing hair. *Biting itching.*

Eyes : Puffy, sensation as if squinting. *Pain as from sand, when reading. BURNING AND ITCHING (Lyc.). Dryness ; and in morning sensation of a foreign body.*

LACHRYMATION : *in wind ; in open air ; in cold, open air ; WITH DEEPLY SUNKEN EYES. Red (inflamed) spot on white, near cornea. "General tendency to styes."* STYE, WITH INFLAMMATION OF WHITE OF EYE, *now in one, now in other canthus, with drawing tensive pains in eyes on moving facial muscles and with ulcerated nostrils.*

Inflammation of margin of lower lid in morning, with swelling and lachrymation ; with agglutination in morning. "Granular lids. This drug affects rather the lower lid than upper." (Stye on upper lid, *Staphis.*, Ferr.).

DIMNESS OF VISION ; *in morning on rising ; on rising from a seat and working.* TRANSIENT DIMNESS OF VISION ; *dizzy after sitting, on rising and beginning to walk.* BLACKNESS OF VISION DURING MENSES, AND SHE FELT WORSE ON ENTERING A WARM ROOM.

Photophobia and asthenopia. Double vision. Flickering. Starry halo around candle-light. Fiery circles, becoming large towards noon, *better* towards evening.

"Conjunctivitis, with thick, yellow, bland discharge ; after measles ; from taking cold, etc. The thick discharge tends to collect over the cornea and may be removed by wiping (*Euphrasia*). Catarrh of the eyes and nose, discharges always profuse, thick and bland." Or, yellow and purulent. The lids will be found agglutinated in the morning ; "ulceration of the cornea."

It is a very useful remedy for ophthalmia of infants, and follows well after *Arg. nit.*, with thick, bland discharge that tends to collect over cornea and may be removed by wiping.

"Inflammation of the lachrymal apparatus, with profuse muco-purulent discharge and fistula lachrymalis. Various forms of blepharitis and blepharadenitis, always *better* in the cool, open air. Tumors of the lid (*Staphi*). Pustular conjunctivitis. Epi-

scleritis. Iritis (occasionally). Hyperæmia of the choroid. Retinitis. Progressive cataract."

Pulsatilla holds a prominent position as a catarrhal remedy. Any portion of the mucus membrane may be affected and the discharges are, as a general rule, profuse, thick, yellow and purulent, as well as *bland and non-excoriating*. *The general inflammatory condition in the eyes would have relief from cold applications or when in the open air.*

Canthi : INNER CANTHUS SEEMS AGGLUTINATED IN MORNING ; *biting, with sore sensation. Itching, after sunset.*

Ears : In the ears it is of value for catarrhal and other inflammations from cold, with pains darting, tearing and shifting, involving even the face and teeth. It is frequently indicated in deafness due to cold or following measles or scarlet fever.

Redness outer ear, with swelling and heat, PAIN AS FROM SOMETHING FORCING OUTWARD. Itching deep in ears. Frequent stoppage of right ear. STOPPED SENSATION, WITH DISTANT ROARING.

HEARING DIFFICULT, AS IF EARS WERE STOPPED ; *every other hour, with trembling and sweat on back. Sound of wind or rushing of water after 4 P. M.*

"Inflammation and swelling of external ear, the concha is swollen and red frequently with profuse discharge of thick pus, with pains *worse at night.*

Earache ; pains darting and tearing, involving sometimes the face and teeth and even extending to throat and preventing swallowing ; *pain relieved by cold application.*

"*Otorrhœa* ; the discharge is purulent, sometimes bloody, generally not excoriating." "Deafness, with feeling as though the ears were stopped, or sometimes with pulsation in the ear as a pulse. Catarrhal inflammation in the ear from a suppressed cold in the nose,

Nose : *Pain in root. Pain in bones as if they would be forced asunder.* Tickling in nose. STOPPAGE IN EVENING ON GOING TO BED, AND BLOWING OUT OF THICK, YELLOW, OPAQUE MUCUS IN MORNING (Kali bi.). SNEEZING ; *in morning in bed ; in evening in sleep.* OFFENSIVE MUCUS, AS IN OLD CATARRH.

Coryza, fluid or dry, with loss of taste and smell (Nat. m.) ; sore nostrils, later a yellowish green discharge. *Bleeding, with stopped catarrh ; blowing out of blood in morning.* He smells tobacco and coffee, even in open air.

"Nasal catarrh ; it is one of our most frequent remedies for an ordinary cold in the nose. There is usually more or less soreness of the nose, which is sometimes swollen ; the discharge is profuse, *and does not excoriate the nostrils*, it is generally thick but sometimes thin, usually with loss of smell, rarely loss of taste ; occasionally indicated when the discharge alternates with dry stoppage of the nose, especially when it is stopped in the evening." With this catarrh, there may be *bitter* taste, there is no *thirst*, and generally poor appetite. In these conditions, *aggravation* is late in the afternoon and evening.

It is useful in OZAENA (Ant. sulph. aur.; Aur.; Calc. c.; Elaps.; Fluor. ac.; Graph.; Hep. s. Hydras.;

Kali bi; Lach.; Lyc.; Merc. cor.; Merc v.; Mezer.; Petrol.), with offensive mucus, yellow bland discharge, aggravation towards evening.

"Catarrh of the antrum, with orange-colored discharge, especially from the right nostril, discharge of a urinous odor. Occasionally called for in chronic catarrh, with yellow discharge, especially *worse* evenings. "Green fetid discharge from nose."

"Catarrh, with loss of smell and taste, occasionally indicates this drug, but if the aggravation be in the forenoon, *Nat. m.* is indicated." *Ulceration of the external wing of the nose.*

Face : *Pale.* Yellowish complexion. Lips fissured. *Lower lip swollen, cracked in the middle, with tensive pain.*

Boring in the left molar bone. "Neuralgia of the face involving the whole left side, worse in warm room and bed. Pain usually associated with chilliness." "Infraorbital neuralgia of the left side, with profuse secretion from the left nostril." It is occasionally useful in Erysipelas of the face.

Mouth : Sticking ; throbbing ; tearing, in teeth ; *worse* from cold water. *Aching on chewing and biting, worse* wind, as if they would be forced out.

ACHING OF TEETH AS SOON AS ANYTHING WARM IS TAKEN INTO MOUTH (Graph.). JERKING PAIN *from picking them, worse* MORNING, *better* WHEN COLD WATER TAKEN INTO MOUTH BECOMES WARM.

"Neuralgic toothache, ceasing entirely in the open air, *worse* in a warm room, always relieved when walking about."

"Toothache in pregnancy, temporarily better holding cold water in mouth, always worse in the evening until midnight."

Gums : *Pain as if sore, as if inside were eroded. Sticking gnawing, worse TOWARDS EVENING AND BY WARMTH OF BED, better UNCOVERING, A DRAUGHT OF COLD OPEN AIR, evening nap.*

Tongue : COVERED WITH A TENACIOUS MUCUS AS WITH A MEMBRANE. *Painful blister on side of tip. Biting on tip. Tongue seems broader than usual. Sensation in middle as if it had been burnt and were insensible at night and in morning.*

MOUTH AND PHARYNX DRY IN MORNING (WITHOUT THIRST) AND COVERED WITH INSIPID MUCUS, WITH OFFENSIVE BREATH THAT IS NOT PERCEPTIBLE TO HIMSELF. *Mouth covered with offensive mucus in morning. Sensation as if roof of palate were covered with tencious mucus and were swollen. Salivation, SWEET ; discharge of watery saliva, also like waterbrash. Offensive odor.*

Taste : BITTER, BILLIOUS, AFTER EATING OR DRINKING, *though food has a natural taste. Bitter taste to bread, rolls and meat. Desire for citric acid ; aversion to bread.*

SLIMY TASTE ; IN MORNING, WITH NAUSEA. FOUL, CLAMMY ; INSIPID. *Disgusting taste in morning, with white tongue. Filthy taste, and tongue coated, appetite lost. Taste too salt to all food (except black bread). Taste diminished to all food.*

Throat : "Pharyngeal catarrh, with varicose condition of the mucous membrane, sometimes with stinging in the throat." *Rawness and scraping with*

dryness of mouth. Throat covered with tenacious mucus in morning. Sensation as from sulphur fumes when coughing.

Sensation in œsophagus as if worm creeping up. Constriction or retching pain, as if he had swallowed too large a morsel of fresh bread.

Stomach : It is very frequently called for in disorders of digestion, with pain between the shoulders and heavily furred tongue.

Appetite at unusual time ; increased in evening ; at times ravenous ; but he knows not for what, also he relishes nothing.

ERUCTATIONS TASTING OF FOOD (Lyc. ; Phos.) ; THEN NAUSEA ; OF GAS ; BITTER AT NIGHT ; BILLIOUS IN EVENING ; OF BITTER FLUID. ERUCTATIONS TASTING OF RANCID TALLOW AFTER EATING CAKE ; OF BAD MEAT AFTER DINNER, THE TASTE CONTINUES, WITH NAUSEA. *Eructation of sour liquid after coffee. Eructations, loud ; ineffectual. Hiccough when smoking ; inclination to, after drinking.*

NAUSEA : *in morning after milk ; in morning, with slimy mouth, changing to an acid taste ; when eating, so that food was repulsive. Nausea, at night during menses, with retching and waterbrash ; during suppression of menses, with good appetite. Nausea with waterbrash, heartburn.*

Vomiting at night, with stiking drawing pain in back extending towards scapulæ. Vomiting OF FOOD THAT HAD BEEN EATEN LONG BEFORE (Ferr.). Distention (Lyc.), with flatulence. Gripping, in pit ; epigastrium. PAIN, AN HOUR AFTER EATING. Heaviness as from a stone in morning on waking.

SENSATION AS IF ONE HAD EATEN TOO MUCH. FOOD RISES INTO MOUTH AS IF ONE WOULD VOMIT. *Pulsation in pit ; perceptible on laying hand on it.*

"Great distention of abdomen, not relieved by warmth ; dyspepsia characterized by regurgitation of food, more or less nausea and vomiting. With dyspepsia there are usually loss of appetite and thirst, bitter taste, vertigo on rising up, chilliness, and, above all, constant aggravations from eating fat substances (Cycl)."

SCRAPING LIKE HEARTBURN, AND IN ŒSOPHAGUS. *Cardialgia during menses.* GNAWING, LIKE RAVENOUS HUNGER. *Clawing in morning on rising, as from long fasting, better eating.* "Gastric catarrh, with thickly white coated tongue, dry mouth, nausea, especially when the distress and regurgitation of food takes place a long time after a meal ; distress in the Œsophagus, as if food were lying there (Abies ; Bry. ; China) ; dyspepsia from ice-cream or from too much ice-water ; indigestion from buckwheat cakes." It is a valuable remedy for dyspepsia from eating *pie*. Gastric trouble from eating fatty, rich food, cake, pastry, especially after pork or sausage ; the very sight or thought of pork causes disgust. "Atonic dyspepsia, digestion very slow, the food is tasted or regurgitated a long time after eating. In a general way the distress of this drug comes on only an hour or more after a meal."

PIERCE says. "whether we call it dyspepsia, atonic dyspepsia or plain indigestion, there is, in general, an aggravation from and a disgust for rich, fat or greasy food, fried food, buckwheat cakes,

pastry of all kinds, and ice-cream, if the richness of the cream is the cause of the trouble." *Gastralgia, with profuse sweat of the face, nausea and vomiting.*

[To continue.

COD LIVER OIL SUBSTITUTES IN INDIA.

The following excerpt is taken from an interesting article in the *Amrita Bazar Patrika* contributed by Mr. Ganesh Karmakar, M. Sc., Biochemist. In India there are innumerable material in its vegetable, animal and mineral kingdoms, which will, with Hahnemannian proving, immensely enrich the Homœopathic Materia Medica. Will any Homœopathic Medical Society undertake it ?

"In India large varieties of fishes are available in the rivers, the vitamin A potency of the liver oils of them is many times higher than that of the best Norwegian cod liver oils. Moreover, there is a huge consumption of these fishes in India and Bengal alone consumes nearly 40 million maunds of fish annually. The demand of fish oil in Bengal, which is about 20,000 maunds, can easily be met with this huge amount of fishes available here.

It is really regrettable that with such enormous quantities of fishes available here, there is no organised fish oil industry in Bengal. There is a big trade of dry fishes for the market of Assam, Chittagong, Burma etc. which engages about 10,000 fishermen belonging to the Sunderbans. The importance of the liver oils is much more than that

of the dry fish trade and in these days of financial difficulties the development of the fish oil industry is of absolute necessity for the poor people of Bengal. Cursorily, this may be stated that the Madras Government is proposing to start or has already started the manufacture of this oil. With the huge consumption of fishes in Bengal enormous quantities of livers can be obtained at a very cheap price. In the Sunderbans, which is covered by networks of waterways, a big industry for fish trawling and the production of liver oils can be developed. Now a systematic investigation should be carried out by different workers on the vitamin A potency of the liver oils, its seasonal variation, medicinal properties, etc. and their results should finally be co-ordinated.

For reference, the vitamin A potency of different fishes is given below."

	I. U. per gram.	Relative value in terms of cod
Norwegian cod	800	1
Halibut	48000	60
Arh	45,000	56
Dhain	38,000	47
Shillang	22,000	27
Boal	21,000	26
Shole	20,000	25
Bhetki	8,000	10
Mrigal	5,000	6
Shark	5,000	6
Rohit	3,000	4
Hilsa	2,000	3
Chital	2,000	3

RELATA REFERO.

The Congress Medical Mission to the Assam frontier is receiving co-operation and facilities from the Governments of India and Assam. The Mission is rendering medical aid to the evacuees from Burma coming to India through the land route.

* * *

The Government of Bengal are, however, too miserly to give even a recognition to the Homoeopathic system of medicine with all the facts of its proved efficacy and economy.

* * * *

Anti-Cholera measure is exercising the mind of the health authorities. A campaign of mass anti-cholera inoculation in Calcutta as an emergency measure is seriously being contemplated. The Health Officer of the Corporation of Calcutta wants all the Birth and Death Registration Stations in the city to be converted as stations for cholera inoculations.

* * *

But it often escapes one in authority to stop with iron hand the sale of rotten fish and meat in the bazars, or the supply of stale and contaminated food-stuff at the hotels and restaurants and teashops, or even to look to the hygienic condition of these public eating houses.

* * *

The Congress Medical Mission has sent its second unit to the Burma route for treating the evacuees. The unit is composed of two doctors, one compounder, one male nurse and four volunteers, and is equipped with necessary medicine and medical appliances.

* * *

The Ayurvedic medical fraternity have rightfully stirred to have their services enlisted for A. R. P. and war duty. Why they should not ?

* * *

However, in this stirring time Homœopathic medical fraternity conspicuously remain sequestered. Who could there be so foolish as to rush to the wilderness of the North Eastern frontier to face all sorts of trouble and privation ? Or, perhaps it is foolish to imagine any substance of *fraternity* in the Homœopathic profession of this province. Malignity in its internal and external bearing stands out in bold relief, defeating fraternal perception. Nothing but a STATE FACULTY can effect an improvement.

* * *

Sir Abdul Halim Ghuznavi, M. L. A. (Central) has been appointed to be the President of the General Council and STATE FACULTY OF UNANI MEDICINE, Bengal, in place of Sir M. Azizul Haque who has resigned.

"Observateur."

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This laboratory was started for supplying fresh and genuine **Indian Tinctures, Biochemic & Homœopathic Triturations and Tablets** to the market which had been infested with spurious products of all description. A new item as important as **Globules** has of late been added to the line—a land-mark of progress in the history of Homœopathic manufacture in India.

We beg to draw the attention of our medical and lay-friends to the fact that the **Economic Pharmaceutical Works** is the biggest of its kind in India, is fitted with the latest and most efficient apparatus and

appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Economic Pharmaceutical Works** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

We offer our sincere thanks to our numerous patrons for their steady support to **M. Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions

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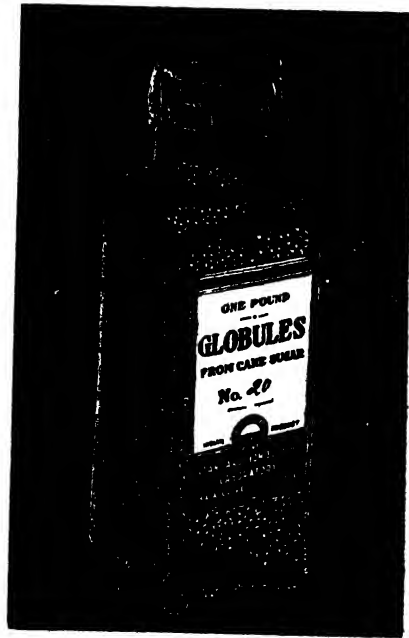
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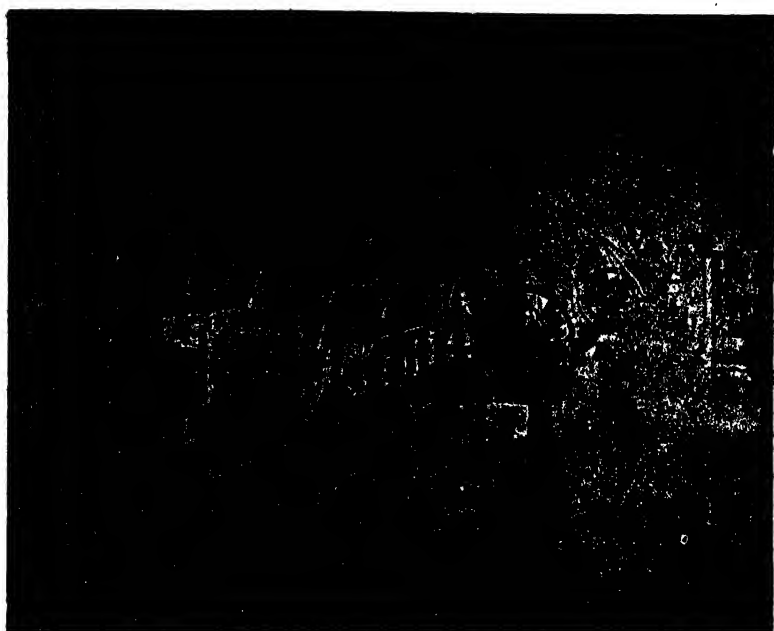
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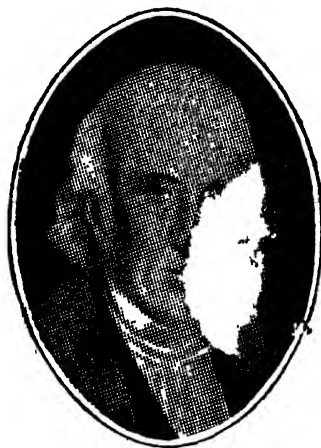
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THE HOMŒOPATHIC HERALD.

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JULY, 1942.

No. 5.

Editorial

Promise yet unredeemed.

The activities of the Government of Bengal in its Medical Department is incorporated in its Triennial Report for the years 1938, 1939 and 1940, which has very recently been published.

This interesting report witnesses many lavish contributions of the Government towards hospitals, dispensaries, and some of the private medical institutions ; for example, a capital grant of Rs. 49,000/- was made to the Ramkrishna Sishuman-gal Prathistan, Calcutta.

The Report mentions that a General Council and State Faculty of Unani Medicine has since been established and a grant of Rs. 4000/- has been made to it to make a start.

But, although the sum of Rs. 10,000/- has been placed in the hands of the Government, this recently published Report observes : "Statutes relating to a similar Faculty of Homœopathic Medicine have also been promulgated by Govern-

ment and the Faculty *will soon be constituted.*"— (Italics ours). This reminds us of Pope's lines, *viz.* "Man never is, but always to be blest."

The Statutes were promulgated by Resolution No. 1568 Medl. of the 24th June, 1941, and this is July, 1942; yet the Government speaks in the future tense.

Lo, the meek Homœopath ! whose ceaseless appeal
Brings no FACULTY, yet carries his zeal.

—G—

NOTATU DIGNUM.

THE TEST OF A HOMŒOPATH.

Complaints are not unfrequently made that the homœopathic materia medica is too vast for practical utility; that the schematised list of symptoms are unprofitable, if not impossible reading. I do not think so. Indeed, I think that the test of a genuine homœopath might not unfairly be said to lie in his capacity to read through a Schema with both profit and *enjoyment* because of the possibilities it reveals of dealing with cases occurring every day in practice. Again and again in the course of my work I have come across symptoms in the Schemas of remedies reminding me of cases in the past which I might have cured had I but known the remedies then. And many a time a case has turned up in my practice calling for a particular remedy at the very time I have been working upon it, and

a cure has resulted, when, but for my study of the Schema, I might more than likely have failed to find what was wanted. I think that the introductory sections preceding each Schema will make the study of the Schema profitable and enjoyable to some who have hitherto found it dry. And when we consider that the *Materia Medica* is the very *raison d'être* of the homœopathist, and that in it he must live and move and have his being, it is not too much to expect of him that he shall at least give as much mind to its cultivation as is required for maintaining high proficiency, say, in billiards, or in golf.

—John Henry Clarke. M. D.

—o—

PULSATILLA NIGRICANS.

(Contd. from p. 189.)

"It is of value for the *vomiting of pregnancy* (Anacard.; Apomorph.; Ars., Asarum.; Carboic ac.; Cim.; Coccul.; Colch.; Cucurbita.; Cup. ars.; Cycl.; Digit.; Gossyp.; Ign.; Ipec.; Iris v.; Kreos.; Lach.; Lobel.; Mag. c.; Merc. v.; Nux m.; Nux v.; Petrol.; Phos.; Psor.; Sang.; Sep.; Sulph. ac.; Symphoricarpas.; Tabac.; Verat. a.), where we have as the extreme picture, our light-haired, blue-eyed, doll-faced wife, *with aggravation towards evening or night and general relief while in the open air.*"

Desire for acids and sour things. *Aversion* to smoking, to meat and stale bread ; to butter which tastes bitter ; to meat and fat or rich food.

Thirst : For water in evening ; at midnight ; drinking always increases the sweat : *for alcoholic drinks ; for something invigorating.* Thirst *during the heat, worse morning especially for beer.* In *intermittent fever, the chilly stage is marked by thirstlessness.* THIRSTLESSNESS *with nearly all complaints.*

Abdomen : *Distention after eating, with intermittent colic and rumbling. Flatulent after eating (Lyc.). "Intestinal catarrh."*

RUMBLING ; GURGLING ; IN EVENING, OR COLIC ; WORSE IN BED, WITH GURGLING, GRIPING AND MOVING OF FLATUS FROM ONE PART OF INTESTINES TO ANOTHER. *Cutting in morning, with emission of flatus.* DRAWING AND DRAWING TENSIVE PAIN IN UPPER ABDOMEN, EXTENDING THROUGH SPERMATIC CORDS INTO TESTICLES, WHICH HANG LOW DOWN. *Cutting above umbilicus as before diarrhœa.* "Colic about the navel, with chilliness, nausea, vomiting, worse in evening."

CUTTING LOW DOWN IN ABDOMEN, PENETRATING INTO PELVIS (Chamo.), worse on retracting walls of abdomen, with urging to stool. CONSTRICTION AS FROM A STONE, EXTENDING TO BLADDER.

It is a valuable remedy for "colic and diarrhœa of children ; flatulent colic in the evening or night." It should be remembered in "colic during pregnancy or from suppressed menstruation" and frequently proves serviceable in "menstrual colic." *Intestinal catarrh, with much burning in the bowels, stools covered with mucus.*

Rectum and Anus : *Sticking in rectum as from incarcerated flatus. Desire, as if diarrhœa would occur. Pressure after stool.*

Feeling like piles. *Hæmorrhoids, with itching stitches. Bleeding during stool; with relief of chronic sacral pain.* "Hæmorrhoids; they usually bleed easily, especially after the stools; frequently associated with gastric derangements."

BLIND HÆMORRHOIDS; WITH ITCHING, IN EVENING; *in morning, preceded by pain in small of back;* PAINFUL, PROTRUDING. *Frequent evacuation of only mucus, with colic before every stool. Acrid discharges with the stools. Sore pain after stool.*

Stool: As soon as she drinks. WATERY AT NIGHT. DIARRHŒA OF GREEN MUCUS, (*Merc. d.*), AS GREEN AS BILE, ONCE OR TWICE AT NIGHT, WITH MOVEMENTS IN INTESTINES BEFORE EVERY STOOL: and watery, with aggravation at night and being in a warm room; they are preceded by rumbling and griping in the abdomen, and with pain in the small of the back. HAHNEMANN, in a footnote, says. "These kinds of *nocturnal diarrhœa* are characteristic of *Pulsatilla*, and are rarely met with in such marked manner in any other medicine." (*Mat. Med. Pura*).

STOOL SOFT, MIXED WITH MUCUS, FREQUENT. "Diarrhœa from fright." (*Acon.; Arg. nit.; Gels.; Ign.*).

It is "occasionally called for in dysentery, with pain in small of back, constant desire for fresh air, stools mucous and bloody. Dysentery, stools mucous and bloody at night, with burning like fire in the anus."

Constipation: stool white. Hard (with pain in hæmorrhoids). *Of yellow-white mucus mixed with*

blood. Like chopped eggs, preceded and followed by cutting. *Difficult, with pain in back.* "Alternate constipation and diarrhea." (Aur. mur.; Ant. cr.; Card. mar.; Chel. ; Con.; Hell.; Ign. ; Nux v.).

Urinary Organs : *Pain in region of bladder on touch. Tenesmus. Frequent desire ; and almost ineffectual, with acrid urine and cutting when urinating.* "Catarrh of the bladder, with spasmodic pains extending to hips."

MICTURITION INVOLUNTARY AT NIGHT IN BED (Caust.; Cina.; Equiset.; Ferr.; Ign.; Gel.; Iod.: Kreos.; Phos. ac.; Rhus arom.; Ruta.; Sep.; Sil.; Sulph.; Verba.; Viol. t.). It is to be thought of also in involuntary micturition on coughing (Caust.; Nat. m.; Phos.; Squil.; Verat. a.), also when walking or emitting flatus.

"Vesical catarrh after exposure to cold, urine very turbid. Vesical catarrh, particularly during pregnancy.

It is frequently called for in acute symptoms of the bladder and urethra, with enlarged prostate, the fæces are flattened. "Sometimes called for when the urine is loaded with urate of ammonia, especially in young children."

It is often serviceable in suppressed gonorrhœa, vesical catarrh. "Gonorrhœa, with profuse, slimy discharge." Hæmaturia.

Male Sexual Organs : Constrictive pain behind glans ; pressure after urinating, with crawling. An agreeable tickling, then discharge like prostatic

fluid. Eruptions day and night; *in morning for a long time after waking*; frequent, with discharge of prostatic fluid. Prepuce, *itching biting on inner and upper part*. Emission at night, without dreams.

DRAWING PAIN IN SPERMATIC CORDS. RIGHT SIDE OF SCROTUM SWOLLEN. *Spermatic cord swollen, with tensive pain.*

TESTICLES SWOLLEN: *tearing soreness, so that trousers seem too tight, unpleasant when sitting*. Testicles hang down low; left hangs low down, while right is drawn up and swollen. "Neuralgia of the testicles." Orchitis. "An extremely valuable and frequently indicated remedy for epididymitis; the inflammation and swelling extend from the testicle upward"; pains not relieved by warm applications, but rather an aggravation from their use; "generally associated with pains in the small of back, chilliness, nausea, etc." Hydrocele.

FEMALE SEXUAL ORGANS: Puls. is a remedy very frequently indicated in disorders of women. Burning in vagina and labiæ. *Cutting in orifice of uterus*. DRAWING PAIN EXTENDING TOWARDS UTERUS, TOWARDS MORNING, WITH NAUSEA. *Contractive pain in left side of uterus like labor pains, forcing her to bend double*. FALSE LABOUR-PAINS which make her walk about to get relief; she cannot sit long at a time. "Uterine inertia, especially with palpitation, suffocation, must have fresh air (Caust.)"

"Disorders of pregnancy, of various sorts, nearly always with desire for fresh air, aversion to meat and fats, nausea, etc." *Irregular labour pains.*

It is a remedy that seems to have special power on the gravid uterus in preserving and causing harmonious action and contraction, and many physicians give it during the last months of pregnancy not only to keep the uterus in tone (Caul.) but also to facilitate proper action of the pains at time of labor, (PIERCE). ALLEN asserts that it "determines a natural presentation of the child, testimony on this point is so strong that its power to rectify abnormal presentations seems undoubted." Pierce says. "In cases of abnormal presentations, if detected by the end of eighth month, the use of *Pulsatilla* will often correct it, by the full term, to one of normal presentation." She complains that the child 'lies so queer' and pains her so, that she cannot lie on her back.

Phlegmasia alba dolens (milk leg).

Labor : No thirst, very slow labor. Pains ceasing (from hæmorrhage or otherwise) ; distressing ; irregular ; too weak, or too strong but ineffectual ; exciting fainting. She weeps and frets and fidgets, and is very despondent. Pains *worse* in back, with no progress.

In lying-in female : Suppression of lochia, with burning feeling of fulness in the parts.

Useful also in *hour-glass-contractions* in very mild, tearful women. *Retained placenta* ; want of expulsive power. Adherent placenta. It helps to expel moles.

In abortion : Black blood passed with labor pains. Pains and hæmorrhage alternate. Pains

predominate. The blood may also be bright-red, in gushes. Discharge arrested for a little while, then it reappears with redoubled violence ; this *cessation and renewal are often repeated.*

It is particularly serviceable in mild, gentle weeping women, who want plenty of fresh air by having doors and windows open ; in those who are *very easily excited to tears and laughter.* GUERNSEY says, "This remedy is more frequently indicated and more generally useful than all others."

The *after-pains* are too long ; changeable, feeling now better, then worse. The pains become *worse* toward evening.

In labor conditions, *give Pulsatilla high for prompt success with any symptoms.* (Yingling).

It is indicated in *convulsions* following deficient, irregular, and sluggish labor pains. Countenance cold, pale and clammy ; stertorous breathing and full pulse. If she is conscious she wants fresh air ; mild and tearful disposition.

MENSES : SUPPRESSED ; DELAYED, WITH COLDNESS OF BODY AND CHILLINESS AND TREMBLING OF FEET. *Menses flow only during the day when she walks, very little or none at night.* "Amenorrhœa at puberty, with numerous concomitant symptoms, especially with nose bleed (Bry.), headache, colic, backache, gastric catarrh, tearful melancholia, general chilliness, vomiting of food."

Menses proxy-mal, thick, black, only two or three times a day, or else pale and watery. "Dysmenorrhœa, menses too late and scanty and too short, with colic. Dysmenorrhœa, from getting feet wet."

Pulsatilla is to be thought of for *phantom tumors* anywhere, and in young girls we may have lumps in the breasts and even secretion of a thin, milk-like fluid.

In nursing women there is frequently "suppression of, or very scanty supply of milk." (HERING). Milk thin and watery. It is also useful for *ailments from weaning, swelling of the breasts*, also pressing tension in them as if milk would appear in them ; or painful sticking, and discharge of thin acrid milk. Swelling of breasts, with tensive pain as if milk rushed into them and caused pressure, while nursing.

Leucorrhœa : burning ; thin, acrid. *Milky leucorrhœa* ; also painless, or with swelling of pudendum ; or, leucorrhœa, particularly after the menses.

Discharge of thick, white mucus, particularly when lying ; or before and during menses, with cutting in the abdomen.

Respiratory Organs : *Hoarseness inability to speak a loud word*. TICKLING AND SCRAPING IN LARYNX, CAUSING LACHRYMATION AND DRY COUGH. Useful in "aphonia, reflex, rarely catarrhal."

Cough : *From dryness of trachea ; caused by itching from pit of stomach to epiglottis ; from constriction in larynx. worse after eating, with vomiting and nose-bleed*. CONSTANT COUGH, IN EVENING AFTER LYING DOWN ; *preventing sleep and causing exhaustion*. "Cough dry at night, loose during the day (Calc. c.)." DRY, AT NIGHT, *better sitting up, returning on lying down ; difficult*

EXPECTORATION. *During the cough, sensation as if the stomach would turn, unto vomiting.*

COUGH, WITH EXPETORATION OF YELLOW MUCUS. *Violent cough, with difficult, scanty expectoration of tenacious mucus. Expectoration of blood. Hæmorrhages from the lungs, suffocation in chest, hacking cough, with soreness of the lungs, better morning, in open air."*

"Night cough, with feeling as though something were torn loose in chest.

It is serviceable in "bronchitis, *better in open air, worse warmth of bed and drinking cold water, the cough is frequently dry, better sitting up in bed, or there may the be thick yellow expectoration, sometimes streaked with blood."*

"Catarrhal pneumonia. Threatening tuberculosis, with soreness under the clavicles, *especially worse lying on the painful side, involving also the muscles about the shoulders."* Cough with purulent expectoration, hectic fever, and corroded, ulcerated lungs. *Stitches in the side.*

Dyspnœa. Respiration *short, after dinner. Breathes through mouth, want of respiration on attempting to breathe through nose.*

"Asthma, especially of children, with a shattering spasmodic cough." Asthma, aggravated by exercise and by ascending an eminence.

"Whooping cough, occasionally indicated by itching in the chest and attacks of suffocation, with intense desire for fresh air."

Chest : *Cramp-like sensation through chest. Pain in sternum, as from an internal ulcer, before midnight, with pain in forehead. Pain in a spot in region of sternum as if the breath pressed against it. Constriction. Pressure and soreness. Anxiety and rapid pulse. Painful stiffness of pectoral muscles in morning on deep breathing and on moving chest, after rising.*

Heart : PALPITATION ; from talking ; after dinner. *Rapid, if she lies on left side, with anxiety and want of breath. Heart's action feeble and irregular. Anxiety in heart, forcing him to throw off his clothes.*

"General sluggish circulation, with chilliness, soft pulse, palpitation, suffocative attacks, and a tearful disposition." "Flitting chilliness" or "chills in spots" (HERING).

"Phlebitis ; in disease of the veins, especially of the lower extremities, the characteristic is coldness of the part, with chilliness, with the other symptoms of the drug ; it is very frequently useful in varicose veins. Varicose ulcers, with smarting, stinging pain, worse warmth, the leg sweats constantly."

Neck : Swelling of glands. Painless cracking in first vertebra on moving head. *Sticking in nape ; drawing in nape, between scapulæ and in back. Pain in nape at night, as if he had lain in an uncomfortable position. RHEUMATIC PAIN.*

Back : *Painfully stiff. Cracking in scapulæ in morning on motion. Pain between scapulæ ; worse inspiration, better walking. SPRAINED PAIN IN SACRUM ON MOTION. LABOR LIKE PAIN, as if a band*

passed through sacrum and everything were constricted, taking away her breath, worse morning. Pain as if suppurating, or as from a band, when lying, with stiffness. Pain after sitting, can scarcely rise.

"The backache of Puls. generally involves the sacrum and hips. and extends towards the small of back, *worse* lying on back, *better* lying on sides, but it is usually *better* from change of position, this occurs during many affections calling for the drug, and especially is a symptom during pregnancy." Also associated with delayed or suppressed menstruation, prolapsus of the uterus.

In spinal irritation, along with this stiffness, the small of the back feels as if bandaged.

Limbs : PAIN IN MORNING IN BED, *worse* JOINTS, FORCING HIM TO STRETCH, WITH GENERAL HEAT. *Weakness ; in morning after rising, with relaxation without feeling weary.* Falling asleep of those limbs upon which he lies in sleep, with crawling on waking. It is a remedy to be thought of for paralytic symptoms, especially with suppressed menstruation, with bruised pain or numbness of the extremities. (PIERCE).

Upper Extremities : *Tearing in shoulder-joint obliging him to bend arm ; intermittent drawing, extending to wrist and into fingers. Heaviness of arm on raising it while holding anything with it, or working with it, with numbness.*

Pain as if beaten in middle of humerus, extending into thumb, so that she could not use it. Tensive pain in elbow.

Lower Extremities : Drawing as far as knees in evening, with more chilliness than during the day. Pain in hip-joint AS IF DISLOCATED. *Pain in hip at noon on bending back.*

Drawing pain in muscles of thigh at night, forcing him to move, with sleeplessness, tossing about ; even when there is no pain, and general coldness.

Knee : Painless swelling. Cracking. *Trembling*, with weakness of legs. Swelling ; with *tearing and drawing pain.*

Legs : Swelling of legs, and of feet. *Cramp in evening after lying down, with chilliness. Pain in bones, like pressure upon a suppurating spot, on long walking, worse afternoon ; better pressure and sitting, but most by resting at night, Tensive pain in calves.*

Swelling of the back of foot. VARICOSE VEINS SWELL UP. *Bleeding of varicose veins.* Inclination to stretch legs during the day when sitting.

Heel : *Burning, in ball*, with itching, as if frozen. Boring towards evening.

Pain in sole as if beaten ; burning pain.

The rheumatism calling for Puls. is seldom of a highly inflammatory character. The joints may be swollen, with sharp, stinging, or tearing pains which constantly shift from place to place, frequently leaving the one place free from pain when they attack the other. The pains are *better* from pressure or when lying on the affected side (Bry., Calc. c.,

Chamo., Rhus t., Sep., etc.), when moving about slowly and from cold application (Led.) ; *worse* in the evening and at night and from warmth. Useful for gonorrhœal rheumatism (Guaiac., Iod., Merc. v., Phyto., Thuja, etc.), and for gouty symptoms due to indigestion.

Skin : Itching and burning of the skin, resulting from eating too rich food *worse* at night and after becoming warm in bed, and during the day after becoming overheated, as from walking, and from scratching.

Abscess at root of nose, near inner canthus, as if a lachrymal fistula would form. Ulceration externally of wings of nose, and oozing a watery moisture. Boils here and there.

ITCHING IN EVENING IN BED ; *on back and across loins ; on forearm, worse back of hand and between fingers ; on backs of feet and between breasts in morning in bed. Itching on neck and cheeks, pimples appear on scratching.*

BURNING, OVER WHOLE BODY BEFORE MIDNIGHT, ON BECOMING WARM IN BED, preventing sleep, less during the day and only after becoming heated from walking, or after rubbing. BITING ITCHING HERE AND THERE. *Hives.*

It is a very useful for measles, with dry cough at night, must sit up in bed, with earache, usually indicated after the fever has subsided. "It is occasionally indicated in erysipelas, which changes its location."

Eruption resumbling *varicella*, after eating pork and fat things. Flat putrid ulcers. *Cracking* of the skin on wetting it. *Chilblains*, with blue-red swelling, heat and burning or throbbing.

Sleep : *Sleep prevented by ideas crowding upon one. Frequent waking at night. Liability to start. Crying out. Sleep full of dreams. Night-mare. Anxious, frightful dreams.*

"The *Pulsatila* patient is apt to be sleepy in the evening but after getting into bed she is restless and fussy, feels too hot and throws off the covers or puts her arms out to get relief ; while sleeping the favourite position is on the back with her hands above the head."—(PIERCE).

Fever : In intermittent fever this drug would be indicated by the predominating chill or chilliness. *Shuddering* in frequent paroxysms. Chilliness, with occasional flushes of heat. "The Puls. fever and ague is generally characterized by the thirst occurring only during the hot stage, rarely after hot stage or before the chilly stage."—(SNELLING).

Dry heat of the whole body at night and early in the morning. Heat at night, and chilliness when turning in bed.

Intermittent fevers : Quotidian, tertian, quartan. The fever generally sets in or exacerbates in the evening or afternoon, remits towards morning. Chill at 4 P. M., no thirst but with distressing desire for fresh air, followed by fever and sweat. During the fever there are frequently heat of one part and coldness of another. Sweat is usually profuse the

rest of the night. Another indication would be ; "Paroxysms of increasing severity and symptoms ever-changing ; no two attacks alike." (HERING). "It is also said to be useful in ague without sweat. Usually in febrile disorders it is indicated by predominating chilliness."

Modalities :

Frequently indicated in ailments from abuse of chamomile, mercury, tea-drinking, sulphur.

Aggravation : In the evening ; every other evening ; at night ; warmth of bed ; while lying down, especially on left side ; in warm room ; after eating, especially after fat food, pork, ice-cream, fruit, pastry.

Amelioration : In open air (Ox. ac.) ; in a cool place ; when lying upon the back ; lying on painful side (Bry) ; cold application ; eating or drinking cold things.

Similar : Ant. c.; Bell.; Bry.; Calc. c.; Caul.; Cham.; Cimic.; Cinch.; Coccul.; Coloc.; Con.; Cycl.; Ferr.; Ign.; Ham.; Kali bi.; Lyc.; Merc. s.; Nux m.; Nux v.; Plat.; Phos.; Rhus t.; Sep.; Sil.; Sulph.; Zinc., Sabina.

Complementary : All. c.; Kali m.; Kali s.; Lyc.; Stann.; Sil.; Sulph. ac ; Tuberc.

Silicea is the chronic of Pulsatilla in nearly all ailments.

Pulsatilla is said to be one of the best remedies with which to begin the treatment of a chronic case (Calc. c.; Sulph.), particularly patients who

are anæmic or chlorotic and who have taken much iron, quinine and tonics, even years before.

Remedies that follow well : Anac. ; Ant. c. : Ant. t.; Asaf.; Ars.; Bell.; Bry.; Calc.; Graph.; Ign.; Kali m.; Kali s.; Lyc.; Nit. ac.; Nux. v.; Phos.; Rhus t.; Sep.; Sil.; Sulph.

Puls. follows well after : Kali bi.; Lyc.; Sep.; Sil.; Sulph.

Duration of action : 40 days.

Dose : All potencies.

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HYSTERIA.

S. C. Laha, M. B. (Cal. Univ.).

Hysteria is a kind of strange disease which nobody could explain till the beginning of 20th century when Freud throw considerable light on its causative factors by approaching it from the psychological standpoint instead of the physical standpoint which has so long been the line of approach and which always led to a dead wall.

As a result of this physical line of approach. practically no symptom of hysteria could be satisfactorily explained and in order to force some sort of explanation, always keeping a firm hold on this physical line of approach, two terms were discovered by the medical men of the past centuries which could explain away all the manifestations of the disease. One of these terms is "functional" and

the other is "malingering." Both of these terms are frequently used even now.

The mental mechanism of the formation of the first term (functional) is very interesting. When a relative of my patient or the patient himself wants to know from me the explanation of a particular symptom, fever, for instance, which I myself, as his medical attendant, do not know, I try to bluff him with a few technical medical terms and he appears to be satisfied. This process is like gagging a person with something which he can neither swallow nor eject. Only it is strange that he mistakes the gag as knowledge and takes pleasure in exhibiting it to others. There is, however, some sense in my conduct in applying this gag, because after all you have to apply a gag when chloroforming a fellow.

But frequently there comes the necessity to bluff yourself, which appears strange, when your own scientific curiosity to know the causes of certain diseased manifestations of the body begins to trouble you. If you can properly gag yourself by hunting out a certain term which you think superficially explains everything, but which in reality explains nothing, you at least remain at peace with yourself and, like the patient previously mentioned, you regard this term as a new acquisition of knowledge. In the present instance, we have clawed at the term "functional" like a drowning man catching at a straw. From time to time other such terms have been invented like neurotic, allergic etc.

"Functional" really means that we do not know the cause of the abnormality and consequently it does not explain anything. Yet we believe that it explains everything. I have a notion that a fellow who invents such terms puts back the progress of scientific medicine for decades if not for centuries.

The other term which we have had recourse to for explaining hysterical manifestations is "malingering." That "functional" affair was a medical invention. This "malingering" business is a common belief among most men. This also explains everything. Only the cardinal question remains to be answered "why should the patient malingere?" Obviously for some gain. What gain? What does a patient gain by remaining bed-ridden with hysterical paralysis for 6 years. I would not remain in bed for 6 days for any gain unless I am forced to do by medical advice or incapacity. Who has advised the hysterical patient to stay in bed for 6 years and why? The patient is unable to get up. The relatives say "He will not." The patient says "I cannot." The experienced physician says "The patient cannot will."

So much about the malingering and the gain of of the patient who is cut off from his work and his pleasures and may lead the life of a semi-invalid for years and comes to us to cure his condition. It is hard on him to call his condition malingering.

In this article I am not going to enumerate in detail the different symptoms which a hysterical patient may show and their differential diagnosis. This paper is not meant to repeat the symptoms of

a medical text book. You will find a much better and exhaustive description of symptoms if you open up a text book of medicine. My purpose is to attempt to direct your attention to an entirely new angle, the angle which refuses to be bluffed by coined words like "functional" "neurotic" or "malingering."

The very first thing that should strike any medical man is that hysteria can take any form. I mean that its symptoms may resemble any disease. It may look like meningitis, appendicitis, gastritis, like heart or lung disease. There may be blindness, deafness and various forms of paralysis. There are diarrhœas, dysenteries and constipations, leaving aside a host of sexual diseases included under terms like vaginismus, impotency, spermatorrhœa etc. That is why hysteria is frequently called "The Protean disease." Proteus being a Greek sea-god who could take many forms.

Now, if you attempt at an explanation of the symptoms of a disease which can take any form on the physical basis, you are likely to find yourself resting on air with nothing underneath you and your scientific mind will refuse to accept this ridiculous position.

Formerly it was believed that hysteria is a disease peculiar to women and connected with some disturbance of the uterus (*Gk.* *Hustera* = Womb). We now know that considerable number of males also suffer from it.

You have known Hysterical diarrhœas. You can probably relieve the symptom temporarily by drugs,

but you can hardly cure it completely, unless somehow or other it cures itself, just as many symptoms do. Light diet, even a liquid semi-digested milk diet does not help. It does not appear to be a digestive trouble. No adequate physical explanation of this kind of hurried peristalsis can be given until you suddenly remember that fright may cause rapid peristalsis leading to diarrhoea or even involuntary urination in children. You may even remember some of your friends going repeatedly to the lavatory before an important examination. There was a reputable surgeon who used to do the same thing before a specially risky operation. Has that kind of fright-diarrhoea anything to do with the present case? You may argue that the symptom in those cases was temporary and it disappeared when the cause of the fright was removed. Besides, where is the cause of fright in the present case? Have you enquired? Anyway, such an idea opens up a new line of investigation and it is worth following it up and you may chance to find after a prolonged investigation that your patient might be harbouring some fright in the deeper layers of his mind, which is more or less of a permanent nature and which is not present for the time in his conscious mind because the cause of the fright might have been forgotten and the effect of it being manifested in the form of diarrhoea.

You cannot cure such patients of their symptoms by calling them functional or neurotic. The patients

come to us for relief and not for any name by which we may choose to designate their symptoms. In this connection I remember the case of a well-known medical man of Calcutta. He had been suffering from a chronic gastric pain since many years. He went to one of his colleagues, a reputed surgeon of Calcutta, for examination and treatment. The surgeon, after examining him thoroughly said "The pain is due to nothing. It is neurotic." The patient, himself a well-known medical man said, "Doctor, I know that. But can you cure it? I can't."

I should like to emphasise here and now that all diarrhœas are not hysterical. It would be dangerous to suppose that. Most of them are not. But some undoubtedly are. Whenever a patient comes with a physical symptom—not only diarrhœas, but any physical symptom which we suspect to be of hysterical origin, it is very necessary to exclude all physical factors by a very systematic and thorough physical examination and a complete elucidation of the history of the disease. Some serious mistakes have actually occurred in this connection. A symptom with a really organic basis has been diagnosed as hysterical and proper treatment neglected. If one has the least suspicion of any organic factor underlying the symptom, it should be thoroughly investigated and treated in the first instance, entirely disregarding the mental element behind it, because it is always the cardinal rule to treat the body first and then the

mind * I shall have occasion later to give examples of the advantages of this procedure. The mental factors should be investigated by all means, but the body should never be neglected.

[To continue.

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URINARY TRACT INFECTIONS IN INFANCY. AND CHILDHOOD.

HORST A. AGERTY, M.D., F.A. A.P.

Merion Station, Pa.

It has been emphasized by Helmholtz' that about one per cent of the diseases of infancy and childhood comprise what is ordinarily termed pyelitis. Consequently, the importance of this group of infections is considerable both to the pediatricians and to the general practitioners. For this reason and because there are a number of problems worthy of emphasis in the field of urinary tract infections, it seemed worth-while to read a paper on this subject.

The term "pyelitis" is a rather broad one, and strictly speaking should be broken down into a number of separate entities : cystitis, pyelitis, pyelo-

* For Homœopathic treatment, priority cannot be given to one or the other. The physician must take the whole patient, the totality of his symptoms-mental and physical ; and in the majority of cases the mental takes the lead. The speciality of its detailed investigation is the peculiarity of Homœopathy. [Ed.]

nephritis, and bacilluria. An attempt to define these different entities will be made. However, it must be admitted that clinically it is frequently difficult to distinguish between them. Several reasons account for this situation. The findings are frequently of such a nature that from a subjective standpoint and even from an objective standpoint one has little help in telling one from the other; likewise several of these situations may co-exist. In the case of cystitis there should be present dysuria and frequent, small urinations. In smaller patients these complaints are unlikely to be very apparent. Pyelitis refers to infections seated primarily in the kidney pelvis and not in the kidney parenchyma. In pyelonephritis the kidney itself is also involved. In cases where there are marked toxemia and a high temperature elevation, one is justified in concluding that the case is one of pyelonephritis.

Bacilluria is a condition where large numbers of micro-organisms are found in the urine, but no pus cells. Bacilluria may present the onset or the termination of an attack of pyelitis, or it may be a distinct entity. From a practical standpoint it is safe to say that the terms "pyelitis" and "pyelonephritiss" cover the situation fairly well, the latter term being reserved for the more serious cases.

In 1837, Rayer² first described inflammation of the urinary tract. In 1876, Huttenbrenner³ first pointed out that urinary tract infection was frequently encountered in infancy and childhood. A

period of disinterest followed Huttenbrenners' work, but in 1894, Escherich⁴ established for all time the importance of the infections, and the place of these infections as a common cause of acute febrile disease in childhood became a prominent one.

Pyelitis and pyelonephritis are seen most frequently in the first two years of life. Females generally exhibit the infection more frequently. This is thought to be due to the short female urethra, which would facilitate an ascending type of infection. The wearing of diapers is also blamed in part for the preponderance of these infections in early life.

Two modes of infection are generally thought to exist : the ascending and the hematogenous route. The former route had been the subject of some controversy, but it is now held that the colon infections most likely gain access to the pelvis and parenchyma of the kidney by the ascending approach. This is borne out by the infrequent discovery of colon bacilli in the blood stream. Animal experimentation has also shown that it is difficult to produce a hematogenous urinary tract infection with colon bacilli.

On the other hand the infections caused by staphylococci and streptococci are normally of hematogenous origin and can be traced quite frequently to distant foci. In the case of the staphylococci, abscesses or osteomyelitis are often the cause. It is in such cases that one occasionally sees perinephritic abscesses. Streptococci from upper

respiratory infections also may lodge in the urinary tract to produce infection.

In the ascending type, it is thought that the infection travels upwards by direct extension from the bladder up the ureter. In the hematogenous type it is felt that the organisms are filtered out by the glomerulus; they are either caught in the glomerular tufts or in the intertubular capillary network. If they break into the tubular system, then infection of the lower urinary tract results. It has been felt that under certain conditions bacteria may enter the bladder from below or the kidney from above without producing any clinical or pathological involvement. Consequently, other factors seem to be necessary; incompetent ureterocystic valves, changes in the mucous membrane due to cold probably play a part in creating an actual infection. Stasis is of great importance. Congential anomalies of the urinary tract are the main cause of stasis in the urinary passages. Infection is particularly difficult to eradicate where stasis exists.

DIAGNOSIS

These infections may appear in general forms. At times fever may be the only sign of importance. Prostration, pallor, vomiting, diarrhoea, distension, weight loss may all be signs of urinary tract infection. At other times the preceding infection may overshadow the urinary phase. In older children one is more likely to find local symptoms such as painful, frequent urination and bladder pain. It

has been well said by Helmholtz¹ that these infections may show an onset, as acute and as severe as pneumonia, or as gradual as that of typhoid fever. In younger children, convulsions are encountered at times. Pain over the kidneys and costo-vertebral tenderness are also seen on occasion in older children, particularly where a pyelonephritis exists. The diagnostic problem of distinguishing between these infections and appendicitis must not be overlooked. A complete physical examination must always be made to check up on the possibility of an infection elsewhere.

EXAMINATION OF THE URINE

The final diagnosis always rests on the urinary findings. It must be emphasized that in a female the specimen must be catheterized, while in a male, the foreskin must be retracted and the glans penis cleansed. The urine should always be cultured. In collecting a specimen for purposes of culturing, it is advisable to discard the first portion of the urine voided, since this comes chiefly from the urethra. If pus is found, but on ordinary media no organisms are grown, then a tuberculous infection should be suspected. This should, then be searched for. Smears of the urine stained with Gram's Method should also be carried out. This will reveal the presence of anærobic streptococci which will not be cultured under ordinary methods. Helmholtz feels that pus in the urine should be searched for in a well-shaken specimen. The normal

upper limits for males is 2-3 pus cells per low power field. In the females, the limit is 6-8 pus cells per low power field. Occasionally at the onset of a pyuria, a hematuria is seen.

If the above precautions are not observed, there will be a tendency to include in the diagnosis of pyelitis cases of vaginitis. It is important to note that vaginitis, gonorrhoeal included, does not seem to invade the upper urinary tract.

From the clinical picture which pyelitis and pyelo-nephritis present it will frequently be difficult to make a diagnosis without a urine study. The case will on occasion present itself as a fever of undetermined origin.

Blood studies usually reveal some reduction in the red cell count and in the hemoglobin. There is usually a moderate leucocytosis with an increase in the polymorphonuclear count. When marked renal damage has occurred, an increase in the Blood Urea Nitrogen will be found. Exceptionally, hypertension will exist.

COURSE OF THE DISEASE

Untreated, the infection will usually run for several weeks with acute symptoms and a septic temperature. Frequently, after the disappearance of the acute phase, there will occur a continuation of the urinary evidences of infection. This is particularly the case where congenital anomalies are present and these are producing stasis in the urinary flow. These situations also tend towards progressive

kidney destruction which may eventually produce renal insufficiency and death. At times a pyonephrosis or a pyohydronephrosis may occur and a nephrectomy may have to be performed. In pyelonephritis and pyelitis there is also a tendency to recrudescences. Neuromuscular dysfunction of the bladder and ureter also can encourage the persistence of infection.

The prognosis will depend on the nutrition of the patient, the success of the treatment and on the presence of urinary tract anomalies. In small infants, the initial infection may be so overwhelming that it can produce death rapidly. In private practice the mortality should prove negligible.

TREATMENT

The almost successful treatment to-day consists of forcing fluids and chemotherapy. Formerly, before the advent of such drugs as sulfanilamide and sulfathiazole, the generally prevalent treatment consisted of methenamine and in the more stubborn cases either mandelic acid or the ketogenic diet. At the present time one hears less and less of these methods, because the chemotherapeutic drugs are more effective and certainly more pleasant to administer than, for instance, the ketogenic diet.

- “ For colon bacillus infections and for most others with the exception of those infections caused by staphylococci and the streptococcus faecalis, sulfanilamide appears to be the drug of choice. These last types of infections are best treated with sulfa-

thiazole. The object of the treatment is to obtain a sufficient concentration of the drug in the urine. Generally a concentration of 50 milligrams per 100 cc. is an effective one. A daily dose of 0.1 gram per kilogram of body weight is adequate. Should the infection prove resistant, then an increased dose may be required. Occasionally it is necessary it shift from one drug to the other. With the sulfanilamide it is a good plan to give 10-15 grains of sodium bicarbonate three to four times daily. The time necessary to sterilize the urine may vary from twenty-four hours to a week or more. It is advisable to continue the medication for several days after sterilization has been accomplished. The tendency for relapses to occur must always be borne in mind.

If the case does not respond to treatment, it may be necessary to carry out a urological study during the acute phase to see wheather a congenital anomaly exists. Generally it is best to postpone the study until the acute phase is over. The statement has been made that every case of pyelitis or of pyelonephritis deserves at least an intravenous urogram. With this statement most people are in hearty agreement.

As a whole it can be said that with chemotherapy there is usually a prompt drop in temperature with a corresponding improvement in the patient's general condition. The usual precautions carried out when chemotherapy is used should of course be observed.

The question of where the use of homœopathic drugs comes in when treating these infections should logically be raised, particularly at a meeting of this kind. In milder cases it may be possible to rely entirely on these remedies, while in the more severe cases the homœopathic prescription can be used in conjunction with the chemotherapeutic drugs. When one is treating these cases, the first consideration is to sterilize the urine. For this purpose, it must be admitted that chemotherapeutic drugs are by far the most effective. Since a homœopathic remedy is usually thought to act indirectly by stimulating the body to react, and a drug like sulfanilamide is thought to inhibit directly the micro-organisms, it can be seen why sterilization can be more effectively accomplished by the latter type of drug. The writer feels that this is no criticism of things homœopathic. Likewise, when a mechanical obstruction to the flow of urine exists, one is dealing with a state of affairs where the remedy is handicapped in its action. A congenital anomaly will frequently call for surgical correction.

On the other hand mere sterilization of the urine may not be enough. There still remains a patient ravaged by infection and requiring further treatment. Here the homœopathic remedy should certainly be considered. A number of drugs will be mentioned: *Aconite*—acute onset with a chill; *Belladonna*—an acute febrile condition with the usual *Belladonna* picture; *Cantharis*—probably the best indicated remedy for frequency and burning on urination; *Terebinth*—a picture similar to Can-

tharis, but with a bloody urine ; *Arsenicum Album*—prostration, aggravation after midnight, marked burning, the characteristic thirst ; *Mercurius Corrosivus*—tenesmus, sweating, albuminuria, urine scanty ; *Hepar Sulph. Calc.*—pus that is not draining freely, a septic temperature, chilliness ; *Pulsatilla*, *Kali Bichromicum*, *Uva Ursi*, *Copaiva*—are other remedies to be considered. In the convalescent stages drugs like *Chin. Ars.* and *Arsenicum Iodide* are to be considered.*

Before closing I wish to illustrate briefly these infections with several cases : The first one is that of a new-born infant who was circumcized on the ninth day. Prior to this, things had been going along normaly. On the day following the circumcision the infant nursed poorly and developed a temperature elevation of 102° by rectum. Along with this the infant looked toxic and was dehydrated. Physical examination was otherwise negative. A blood count and urinalysis were ordered. The leucocyte count was 15,000 with an increase in the polys. The urine showed a trace of albumen and many pus cells. On culture the colon bacillus was obtained. The infant was given sulfanilamide by mouth and several hypodermoclyses of normal salt solution.† A prompt recovery ensued. Most likely this was an ascending infection related to the circumcision.

* In these cases remember *Lyco.* and *Pyrogen* before resorting to Chemotherapy. Hahnemann advised surgery in mechanical obstruction and congenital anomaly.—(Ed., H. H.).

† Without thinking of any simillimum ?—(Ed., H. H.).

The second case is that of a white, female infant who was admitted to the hospital at the age of one year with the chief complaint of vomiting and fever of several days duration. The temperature ranged between 101 and 105 rectally. There was some abdominal distension, and the respirations were labored. Pneumonia and peritonitis were considered as possible diagnoses. A catheterized specimen showed a trace of albumen, an acid reaction and 6-12 pus cells per high power field. The culture of the urine showed colon bacilli. Other diagnoses were excluded by appropriate studies. During the time that these studies were in progress the temperature remained elevated and the patient was quite toxic. Bryonia and Hepar Sulph. had been prescribed on two different occasions. Then the patient was put on sulfanilamide with a fall to normal in the temperature in 48 hours. After several days, the drug was discontinued and promptly the fever and the clinical picture returned. With the resumption of sulfanilamide the picture rapidly reverted to normal. An intravenous urogram was done and was found to be normal. The patient was followed in the clinic and has done very well.

SUMMARY AND CONCLUSION

Urinary tract infections are a common occurrence in pediatric practice. Most of these infections fall under the headings of pyelitis or pyelonephritis. While there may be a variety of symptoms, the final diagnosis is obtained from carefully performed urinalyses. Forcing of fluids and chemotherapy,

supplemented with the indicated homœopathic remedy usually produce gratifying results. The frequent relation of these infections to congenital deformities of the urinary tract must be born in mind. Hence the dictum that all of these cases should be studied urologically before being finally discharged has been propounded.

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DISCUSSION

Dr. Shadman discussed the paper during the absence of the stenographer.

Dr. RABE : Dr. Agerty has provided an excellent homœopathic paper and in a field that is most important, as we all know.

What Dr. Shadman has said leads me to observe this : in these cases where your symptomtology is purely diagnostic in character, symptoms do not as it were, reflect the patient as an individual. then homoeopathic prescribing is very difficult, then the solution may be, as Dr. Shadman has just suggested.

On the other hand, Dr. Agerty has brought out quite a number of our well-known homœopathic remedies in this particular field.

Most of our prescribers are very deficient when it comes to drugs which affect the urinary tract ; some of the symptoms we find in the materia medica are not reliable. On the other hand we can separate the wheat from the chaff and there are many little remedies which I think we often overlook. Those little remedies to be sure are not very deeply acting, but they do fill in the chinks, they are useful on occasion, such remedies, for example as *equisetum himala.* and *tritium repens* and *populus tribulatus*, little drugs of that type that we are apt to overlook and which incidentally have rather partial provings, and sometimes no provings at all, their use has been based upon clinical experience, often of our friends the eclectics ; we get useful hints from studying these old experiences of these men. *Lycopus*, in the American Indian lore, the homely remedies that helped the aborigines in these countries, some of those remedies are very valuable to us.

DR. GUTMAN : The excellent and comprehensive picture about these infant diseases has been most interesting. I would only add from the standpoint purely in remedies like *lycopodium*/benzoic acid, *sarsaparilla*, *eucalyptus* are of advantage in treating these diseases. On the other hand, I noticed patients at the clinic of the Flower hospital who had been treated with sulphonamides in the wards, very slow recovery, unusually slow ; it gives a definite impression that the vitality of these people was in some way hurt, and recently a doctor told me, from an autopsy where he had seen a case in which the kidney was filled with crystals of *sulphapyridine*. Of course these things do not happen with *lycopodium*, or other remedies like that.

DR. AGERTY (in closing) : I appreciate very much the discussion. I think the comment along the therapeutic line is particularly important. I think we all have to admit as long as we restrict ourselves to homoeopathic drugs we are dealing with entities which are practically non-injurious, whereas when we step into the field of chemotherapy we are using very potent weapons, also weapons that may backfire just as Dr. Gutman has mentioned.

Otherwise I have nothing to add except my appreciation of the comments.

—The Journal of the Am. Inst. of Homœopathy
Vol. XXXIV., No. 10.

—o—

AMMONIUM CARB IN PULMONARY ŒDEMA.

R. F. RABE, M. D.

This remedy is often neglected in the treatment of serious pulmonary and cardiac diseases. In a case of chronic valvular disease, with reduplication and a mitral regurgitant murmur, gradually failing compensation resulted in a marked œdema at the base of the lungs. Auscultation revealed moist bubbling rales in abundance. The cough was rattling, with expectoration of white, at time bloody, frothy, tenacious mucus. The cardiac action was very irregular, with violent and visible pulsation over the entire cardiac area, with jerking of the left arm. Face and lips cyanotic. Pain about the breast, with entire inability to lie upon the left

side. The temperature varied from subnormal to slightly above the normal. Infusion of digitalis had been given without result; quite naturally, since the case was not a digitalis case. The pulse was irregular, weak and rapid. Three doses of Ammonium carb. 200, at intervals of two hours, brought quick relief and gradual improvement. A repetition of the remedy in the cm, a single dose, about a week later, removed all cardiac pain and permitted the woman to lie upon the left side with entire comfort. The cardiac action has since become much quieter and stronger. The murmur is, of course, unchanged. Remedies most likely to be compared with Amm. carb. in similar conditions are Arsenicum alb., Carbo veg., Kali iod. (greenish soap-suds like expectoration) and Antimonium tart. (inability to raise the sputum with gradually diminishing cough, symptoms of carbon dioxid poisoning and collapse).

In a case of apyxiation from illuminating gas adrenalin, hypodermically, had apparently done nothing. A high saline enema had been given, and oxygen was constantly administered. The woman was decidedly cyanotic, totally unconscious, pulse very feeble, and a rattling cough was present. Gas cases usually die of pulmonary oedema or pneumonia. Ammonium carb. 200 was given to this case, teaspoonful doses of a watery solution being gently poured into the mouth. In about two hours the patient became conscious, the lungs rapidly cleared up, and the case was discharged from the hospital the next day. The case is of

interest, although it is difficult to decide just how much credit should be given to the oxygen or to the remedy.

CANNABIS SATIVA IN BRONCHITIS.

The following symptoms of *Cannabis sativa* have been verified in three case of bronchitis, two of them recent. *Burning* and rawness under *upper third* of sternum, with a sensation of *constriction* or tightness in the same locality. *Dry*, hard, painful cough, with *little* or no expectoration, excited by tickling in the trachea at the level of the suprasternal fossa. Voice slightly hoarse. Physical examination of the chest detects sibilant and sonorous rales. Respiration wheezing. No change in the percussion note. Later thick yellow expectoration, with general amelioration.

Given in the 200th potency this remedy has brought prompt relief. Repetition at three hour intervals for twenty four hours seems desirable. Phosphorus seems to be the nearest analogue, and may be mistaken. Reference to Allen's Encyclopædia, the Guiding symptoms and Clark's Dictionary of materia Medica is of interest.

—The Medical Advance.
Vol. XXXVIII., No. 4.

A VISIBLE MATERIA MEDICA.

PLUMB BROWN, M. D., SPRINGFIELD, MASS.

In the first place, permit me to impress upon your minds that I lay claim to no originality of idea in that which I am about to present.

This idea of a visible materia medica—which is the true title of my paper—has been recognized from primeval times. If I am able in this attempt to give any help toward making materia medica the true corner stone of the grand edifice of our system of medicine, Homœopathy, my purpose will have been achieved.

I am a firm believer in the absolute simplicity of Homœopathy—the Homœopathy of the fathers,—and my one hope is to add a new or renew an old interest in that branch of the art of medicine which distinguishes us, or formerly distinguished our fathers in the faith, from those of the other school; and which shall assist in raising the Homœopathic Materia Medica to the same plane of attractiveness with the more visible branches of the art of medicine.

By reason of the varied duties of a general practitioner I have not had sufficient opportunity to pursue my studies and investigations and at the same time get the results into a concise and intelligible form to present to you. I therefore ask your kind indulgence while I present a few truths for thought in homely attire. If this paper is of any avail it must attract—that which attracts

commands attention, attention is followed by interest, and interest instructs. Time only will tell weather or not you are instructed. I think we are all agreed that, all other things being equal, that which we see is most permanent in our memories. My chief purpose, therefore, is to appeal to or advocate the visual memory.

As students we were taught to see the tongue, see the urine and its sediment, see the stools, see the patient. A smoker will tell you that unless he can see the smoke, "like incense in the air," he does not really enjoy his cigar.

Travellers tell us that a walk down a boulevard of Paris will give us a better impression of boulevards than long studies of maps, histories, or even picture books. We recognize that a man is foolish with wine, even if seen at a distance, and do not need to inhale his breath or hold a match in his face. We know a consumptive or an epeleptic: we study the face of the unconscious or insane; we read the face of the child when lying in its mother's arm. We believe the fisherman's story when we see his fish. You have doubtless been repeatedly told—indeed, we have said it ourselves many times: "I remember your face, but cannot recall your name." How many of us learned our Gray from the colored plates and the dissections rather than from the printed text? Am I not right in believing that the most primitive people, when they wish to remember

anything or communicate it to others at a distance, reduce the thought to a picture? Our present public school system teaches the child that the first thing to learn is the use of the eyes. Our club namesake, the famous author, editor, teacher, orator and physician, Dr. Timothy Field Allen, once said that the greatest harm to Homœopathy had been done by poor *Materia Medica* teaching.

I am not here to teach, just simply to attract your attention to one phase of this tremendous and vital question of our specialty, *Materia Medica*, and that one thing is seeing. I firmly believe that all good things have their sphere, light, air, sunshine, good cheer, water, dress, food and food-stuffs, electricity, massage, steam, serums, osteopathy, psychotherapy, surgery, etc., but my specialty and the thing that I firmly believe in although a poor exponent of it, is pure Homœopathy, the genuine article handed down to us by the man of destiny, Samuel Hahnemann. We all remember the discouraging hours in the *Materia Medica* class; dry work, true it was, and we doubtless thought many times if only the Prof. would have a picture of a *Bryonia* plant or a real plant before us, or leave a typical *Bryonia* patient for us to see, he would have accomplished something definite. Teaching by red strands or comparisons was and is excellent, but how much it would have helped many times if we could have had something that we could see while we were developing in our mind's eye the mental picture of the drug and its application to

the disease picture. Modern teachers are resorting to all means to keep their classes' attention, but to my knowledge comparatively little has ever been taught about a visible Materia Medica.

[To continue.

INDEX INDICATORS.

(Continued from Vol. iv., page 518.)

FUNGUS ARTICULARIS after measles : Iod.

„ HÆMATODES on right breast, large as a peony, with profuse hæmorrhages : Lach.

GANGLIA on hands : Amm. c.; Mag. m.; *Phos. ac.*; Plumb. met.; Rhodo.; Sil.

„ on back of hands : Sil ; Zinc. met.

„ on back of hand, between third and fourth metacarpal bones : Sil.

„ on wrists : Amm. c.; Aur. mur.; *Carbo veg.*

„ on feet : Ferr. mur.

GANGRENE, humid : Chin.; Chin. sulph.; Hell.; Phos.; Vip. red.

„ hot : Acon.; Ars.; Bell; Mur. ac.; Sabin.; Sec. cor.

„ cold : Ars.; *Asaf.*; Bell.; Con.; *Euphorb.*; *Lach.*; Merc. sol.; Plumb. met.; Ranunc. bulb.; *Sec. c*; *Sil.*; Squill.; Sulph.; Sulph. ac.; Tart. e.

GANGRENE, in spots : Ars.; Crot hor.; *Cycl.*; Hyosc.

„ BLACK : and on nose : Sec. c.

„ of genitals : Ars.; *Canth.*; Lauro.; Plumb. met.; Sec. c.

„ on arms : Hyosc.; Ranun. bulb.; Sec. c.

„ of lower limbs and feet : Sec. c.

„ of feet : Ant. c.; Sec. c.; Tart. e.; Vip. torv.

„ seperated from flesh by putrid fluid, with black spots, red areola, and dark subadjucent tissues : Crotal. hor.

GLANDS, BLUE : Arn.; Ars.; Aur. met. Carbo an.; Carbo veg.; Con.; Hep. s.; Lach.; Mang.; Merc. sol.; Puls.; Sil.; Sulph. ac.

„ dwindling, withering : Ars.; Cham.; Chin.; IOD.; Kali c.; *Nit. ac.*; Nux mosch.; Phos. ac.; Sec. c.; Sil.; Verat. alb.

„ hard, indurated : *Agn. v.*; Amb.; Amm. c.; Ant. c.; Arn.; Ars.; Aur. met.; BAR. c.; Bar. mur.; BELL.; BOV.; *Bry.*; CALC. c.; Camph.; Cann. sat.; Canth.; Caps.; CARBO AN.; CARBO VEG.; Caust.; CHAM.; Chin.; CLEM.; Cocc.; Coloc.; *Con.*; Cupr. met.; Cycl.; Dig.; DULC.; Ferr. met.; GRAPH.; Hep. s.; Hyosc.; Ign.; Iod.; Kali c.; LYC.; *Mag. mur.*; Mang.; Merc. sol.; Nat. c.; Nit. ac.; NUX V.; PETR.; Phos.; Plumb. met.; PULS.; Rhodo.; RHUS TOX.; Sep.; SIL.; Spig.; *Spong.*; STAPH.; Sulph.; *Thuja*; Verat. alb.

GLANDS covered with herpes : Dulc.; Graph.

„ under lower jaw affected : AMM. c.; Amm. mur.; Arg. met.; Arn.; ARS.; Aur. met.; BAR. c.; Bell.; CALC. c.; *Chin.*; Cic.; Clem.;

Croc.; Corall.; Crot. tig.; Dulc.; *Graph.*;
 Ign.; Iod.; Kali c.; Kreos.; Led.; *Lyc.*; Magn.
 arc.; Magn. ans.; Mag. c.; *Merc. sol.*; Mez ;
 Nat. c.: NAT. MUR.; *Nit. ac.*; PETR.; Phos.;
 Phos. ac.; Puls.; *Rhus tox.*; Sep.; SIL.; Spong.;
 Squil.; Stann.; STAPH.; SULPH. AC.; Verat.
 alb.; Zinc. met.

GLANDS, INGUINAL, affected : Ars.; *Aur. met.*; *Calc. c.*;
Carbo veg. Clem.; DULC.; *Graph.*; Hep. s.;
 Iod.; Lyc.; MERC. SOL.: Nat. c.; NIT. AC.;
 Phos.; Stann.; Stram.; STAPH.; SULPH.;
 Tereb.; Thuj.

„ of axilla affected : Amm. c.: Amm. mur.;
 Ars.; Bar. c.; BELL.; *Calc. c.*; *Carbo an.*;
 Clem.; Coloc.; Cupr. met.; Hep. s.; Iod.;
Kali c.; *Lyc.*; *Nat. mur.*; NIT AC.; *Phos.*;
 Phos. ac.; *Rhus tox.*; Sep.; SIL.; Staph.;
 SULPH.; Sulph. ac.

„ of neck affected : Alum.; Amm. c.; Arn.;
 Bar. mur.; BELL.; CALC. C.; Caps.; CARBO AN.;
Carbo veg.; *Caust.*; Cinnab.; *Cist.*; Cupr. m.;
Ferr. met.; *Graph.*; Hell.; Ign.; Kali c.;
 Kreos.; *Lach.*; LYC.; *Magn. mur.*; MERC SOL.;
Nat. c.; Nat. mur.; NIT. AC.; Phos.; Puls.;
 Selen.; SIL.; *Spig.*; *Spong.*; SULPH.; Tart. e.;
 Viol. tr.

GLANDS of nape of neck : Bar. c; *Calc. c.*; Hell.;
 Iod ; Mur. ac.; Petr.; Phos.; SIL.; SULPH.

[To continue.

RELATA REFERO.

Dr. Mahendra Lal Sircar's *Guru* in Homœopathy and the Pioneer evangelist of Homœopathy in India, Babu Rajinder Dutt, passed away on June 5, 1889. Calcutta's Homœopathic practitioners failed again this year to celebrate his death anniversary. It seems, his memory holds no seat in the distracted head of today's profession. But, a memorial meeting is neither missed nor valued by any departed soul ; it only brings hope and bliss to those who participate in it. As for Rajinder Dutt, he

“Grasped the whole worlds of Reason, Life, and Sense,
In one close system of Benevolence :
Happier as kinder, in whatever degree,
And height of Bliss but height of Charity.”

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The Benares Hindu University has just inaugurated under its aegis a COLLEGE OF AYURVEDA, with a four year Diploma course, the minimum qualification for admission being Matriculation or equivalent examination with Sanskrit, or Praveshika or Madhyama examination of the Hindu University or other equivalent examination with working knowledge of English, The course starts from this month.

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Thus the Hindu University has stolen a march over the Calcutta University. But, a copious retrieval may be effected should the Vice-Chancellor of our premier University of Calcutta condescends to found at once a chair of Homœopathy with two year Post-Graduate course. There is, however, a great misgiving about the burning of nine maunds of oil and the dancing of Shree Radha.

* * * *

In 1939 when Sir Sarbapally Radhakrishnan was appointed to the Vice-Chancellorship of the Benares Hindu University we advised, in our October number of the same year, that Homœopathy in India should now revive her attempts towards the Hindu University starting a College of Homœopathy. But again, aloofness and 'who is to bell the cat' mentality caused the loss of the then uncontested field.

* * *

Moulvi Yusoof Ali Chowdhury, M. L. A., Chairman of the Faridpur District Board is trying to open a Tuberculosis Sanatorium with 25 beds to start with in the vicinity of a *char* which is an ideal site for the housing and treatment of T. B. patients.

* * *

Will any Homœopathic hierarch take the trouble of running to Faridpur and confer with Moulvi Yusoof Ali Chowdhury with a view to convince him and get the system of Homœopathic treatment adopted in this proposed sanatorium ?

* * *

The Congress Medical Board has drafted to Dimapur a fourth group of medical unit for the relief the Burmah evacuees arriving and already assembled there. The works of these units have been appreciated by the Assam Government and the public and evacuees.

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The Homœopathic hierarchy of Bengal have perhaps been deterred from organizing any such Emergency medical unit as yet by the paucity of *regular* doctors in its ranks. Irregular doctors there are more than plenty, but their non-medical preoccupations are to them more important and perhaps their 90% prop; thus the high priests are miserably handicapped.

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A Homœopathic hospital in Calcutta is said to have very generously spared its house to the Medical Relief Society for quartering evacuee-patients in its rooms. We hope it has been done on condition that the patients must receive Homœopathic treatment while staying here. That is dignified generosity.

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•

appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

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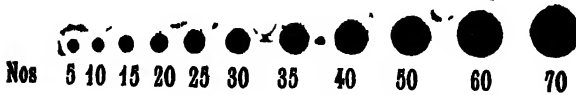
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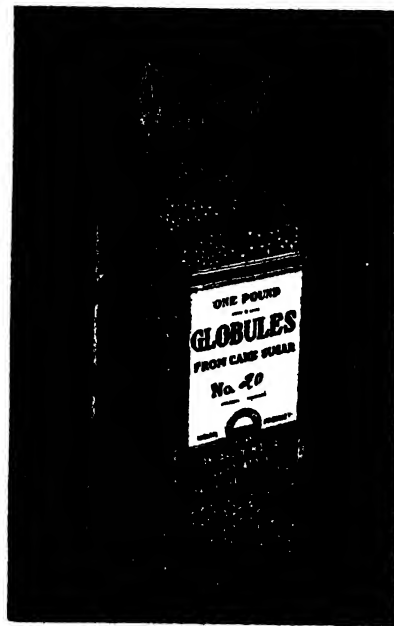
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3x, 6x, 12x, & 30x.	-/2/-	-/3/6	-/6/-	-/8/-	-/12/-	1/6/-	2/8	4/12
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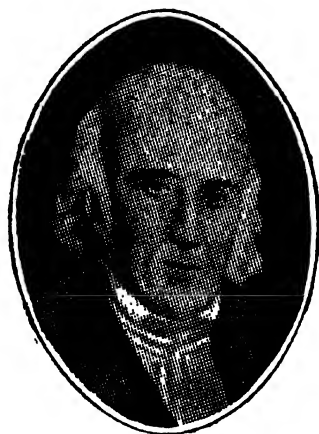
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No. 6.

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AUGUST, 1942.

No. 6.

Editorial

AYURVEDA VINDICATES.

A Press Note issued by the Government of Bengal on July 3, states :

It has been brought to the notice of Government that most of the Ayurvedic practitioners who were registered with the General Council and State Faculty of Ayurvedic Medicine, Bengal, and who were due to have their registration renewed by the 14th April 1942, on payment of a fee of Rs. 5/- each have failed to renew their registration by the prescribed date. Owing to the present emergency quite a large number of these practitioners had left the place where they had been practising while others failed to pay the renewal fees in time owing to temporary pecuniary difficulties. The Government of Bengal have therefore, extended the time for renewal of registration of these Kavirajes by three months with effect from the date of receipt of the order of extension by the Ayurvedic Council and Faculty.

It appears that many Kavirajes are unwilling to renew their registration as there are no rights and privileges attached to such registration similar to those enjoyed by the registered medical practitioners. The Government of

Bengal would, however, assure them that the question of conferring on the registered Kavirajes certain rights and privileges is engaging the serious attention of Government, but as this is a matter which will take time to settle they expect that the Kavirajes will not make this a ground for severing their connection with the Faculty.

Government expect that in their own interest and in the interest of the Faculty the Kavirajes will renew their registration on payment of the prescribed fee within the extended period. Otherwise they will cease to be regarded as registered Kavirajes, lose their franchise and will not be able to participate in the next general election to the Ayurvedic Council.

Government's view of temporary pecuniary difficulties being the cause of the Kavirajes not renewing their registration is not convincing. For we know a large number of registered medical practitioners continue renewing their registration in spite of great pecuniary difficulties, and they do so only for the rights and privileges attached to their registration. Kavirajes know as well that non-renewal of registration must deprive them of their franchise, and it therefore spells that their first registration fee becomes a loss to them; but they might have calculated that the first loss is the best loss. However great the pecuniary difficulties, the Kavirajes would never have failed to renew their registration had there been attached to the registration rights and privileges similar to those enjoyed by the registered medical practitioners.

Howbeit, we hope the Kavirajes will be wise enough to resolve at once this deadlock which.

would otherwise react on the Faculty itself, a Faculty that has been created with toils of many years. And although the Government are afraid that the settling of the matter of rights and privileges of registered practitioners will take time, it appears to us that this matter can be settled in course of only a week's time if sufficient courage is taken and adequate attention is applied to it by all concerned.

Our greatest concern is for the Faculty of Homœopathic Medicine *in ovo*. We pray the Government will very generously formulate the rights and privileges of the would-be registered Homœopathic medical practitioners before implementing the General Council and Faculty for purposes of avoiding any chaos in future.

— o —

A REVIEW OF THE AIMS AND METHODS OF INTERNAL MEDICINE

**Introductory Address Delivered Before the Senior Students
of the Hahnemann Medical College, Philadelphia.**

G. HARLAN WELLS, M.D., F.A.C.P., PROFESSOR OF MEDICINE

You gentlemen are about to start your work in internal medicine in the Medical Wards of the Hahnemann Hospital. I think that I am justified in saying that this is the most important work that

you have to do in your career as medical students. The kind of work that you do at bedside of patient will determine whether or not you are fit to be a doctor.

Some of you will be surgeons, and I hope good ones, some, obstetricians, and a few will be nose and throat specialists, but all of you should have a basic training and a basic experience in general medicine ; and it is here in the Wards that you must get that experience.

I think that it is important for us to consider first, "What is the duty of a doctor ?" Well, that has been very clearly defined for us by Hahnemann in the opening chapter of the Organon, when he said very concisely, "The duty of the doctor is to heal the sick". Later there has been added "and to prevent disease". In these two statements are contained "all the law and all the prophets" as far as the duty of the doctor is concerned.

The care of the sick is one of the greatest problems that has confronted the human race since its very beginning. There have always been sick people. Even among primitive people there are those who are injured by accidents of various sorts, bitten by snakes, or who contract infections and so from the very beginning of the human race this problem of taking care of sick people has been an important one.

Lucretius, describing the sick of his day, states that "with cries and gestures they taught) with broken words that it is right for all men to have

pity on the weak". Dr. Osler quotes the well-known medical historian Dr. Payne saying "The basis of medicine is sympathy and the desire to help others and whatever is done with this end in view must be called medicine".

You have heard a great deal about the medical sciences, but I want to say definitely to you now, what I have said many times before, there is no such thing as the science of medicine. *The practice of medicine is an art.* There are medical scientists, but they are not doctors, in the sense that Hahnemann had in mind when he described the duty of a physician. The doctor is not only a medical scientist, but also a keen and sympathetic student of human nature, with the ability to apply the practical facts of science to the needs of the individual patient for the sake of getting him well or of relieving his distress.

The problem of the doctor is a much more difficult one than that of the medical scientist. The medical scientist deals in the main with chemical, anatomical, and pathological problems. The doctor deals with human problems. *The doctor does not treat diseases. He treats people who have diseases.* Unless he has an understanding of people, unless he is able to impress with his sincerity and with his sympathy for their suffering he will never succeed in the practice of medicine. He may know all that there is to be known about the science of chemistry, of anatomy or of pathology, but he will never be a successful doctor. "The

physician," said Socrates, "must treat the whole man, body, mind and soul."

If you want to know what the average patient expects of you, as a doctor, all you have to do is to get a good old fashioned bellyache. Your one desire is to get relief. You don't want a doctor who is going to make a diagnosis, and then perform a post-mortem examination on you to see whether he is right. You want somebody who will relieve your bellyache. Now what *you* want is what every other sick man wants, and he is only interested in diagnosis in so far as that helps you to get him well or to relieve him of his symptoms.

In internal medicine, we have a certain technique or plan in order to attain this ultimate purpose of medicine, which is the healing of the sick, and we being by what we know as diagnosis. Diagnosis, of course, in the broad sense is an attempt to evaluate the physical condition of the patient for the purpose of determining why he is ill. It is much more than labelling a disease by a specific name.

It isn't necessary for me to spend much time impressing on you the importance of diagnosis. In the first place, diagnosis is necessary from a legal standpoint. People with diphtheria, small-pox, and with similar diseases are not allowed to roam the streets because they are a menace to the community. Therefore, the law places upon the doctor the responsibility of making a diagnosis for the purpose of protecting the community.

Secondly, diagnosis is important in order that you may be able to give intelligent answers to the patient and his family. One of the first questions that you will be asked when you enter a sickroom is, "Doctor, is Mary going to get well?" Or you may be asked, "How long is she likely to be sick?" Now, if you don't know whether Mary has "a cold," or ordinary bronchitis, or influenza, or tuberculosis, or typhoid fever, how are you going to answer those questions intelligently? You can't. Therefore, in order that the patient may be given satisfactory answers and may have some confidence in your experience and ability, it is necessary for you make a diagnosis.

And lastly and very important, a diagnosis is necessary in order to apply proper treatment. It is true that we sometimes get people well, or people get well, when the doctor has no idea of the nature of their malady, but in the majority of cases, a proper diagnosis is an important step in the application of proper treatment.

I recall a boy some years ago who was brought here with a discharge from the nose. The doctor had prescribed very carefully for him, but the boy did not improve and finally he was examined by one of our rhinologists who found a sand-burr in his nose. This boy was from Jersey, as you may have suspected. When the sand-burr was pulled out of his nose, the indicated remedy worked, but until you got the sand-burr out of his nose, you might have prescribed all the medicine in the world with no effect.

We have heard in the past that a homœopath doesn't need to make a diagnosis. He simply prescribes the remedy, and the patient gets well. Well, I won't waste much time in discussing that problem because a man who makes that statement knows very little about medicine and very little about homœopathy.

Hahnemann told us that it is necessary for us to know what is curable in disease before prescribing a drug. That applies not only to homœopathy, but on all kinds of therapy. If you don't know what the disease is, how are you going to determine what is curable about it? So it is just as necessary for a homœopathic prescriber to make a diagnosis as it is for a surgeon or any other therapist.

Very properly diagnosis is the first step that we must take in the handling of sick people. There are doctors who say, "When I make a diagnosis, I make a diagnosis, I have no further interest in the case." That kind of doctor never will get very far, because the patient's interest only begins at that point. It is folly for me to tell you, if you are suffering from an acute biliary colic, that you have gallstones, and then walk out of the house. You want to get relief from the pain and, therefore, the diagnosis is important to you only in so far as it leads me to determine what should be done to relieve you. If I don't relieve you, and you are an intelligent person, you will get somebody else who will.

The influence of doctors, in any community, depends upon the fact that they bear in mind they

are there primarily to help sick people ; and whenever doctors forget their true function people lose confidence in them. They seek the help of people who are not scientific physicians at all, because these people at least try to do, or promise they will do, that which the doctor neglects.

The doctor who loses interest in the case when he has made a diagnosis isn't a doctor at all, he is merely a medical dilettante.

When we come to the question of therapy, we must bear in mind that there are a great many methods of healing sick people, and all of these methods have their proper place. We have been condemned by some, especially in the past, because, they said, "You don't teach enough homœopathy at Hahnemann." There was a time when almost the entire practice of medicine consisted in the administration of drugs. A physician was a person who gave drugs, and the bulk of medical care centered around the administration of drugs. That time has passed. Drug therapy of any type today occupies a more or less secondary place in the treatment of disease, and we have to utilize in the care of the sick, any method of therapy that is likely to help. As a matter of fact, I believe we teach a broader range of therapy in this institution than is taught in most of the medical schools in this Country, because we have for years endeavored to teach every method of medical therapeutics, as well as any other methods of therapeutics, that has proved to be of value. There are very few medical schools that do that. We have been called

sectarian by some, but actually we are more catholic, as far as our methods of therapy are concerned, than most medical schools that I am familiar with.

For some years I happened to be Physician-in-Chief of a large hospital near Philadelphia where we had medical internes from almost all the medical schools in this Country, and I was surprised to learn how limited was their knowledge of medical therapeutics. For example, I recall one day having a case of influenza in the Ward. I said to the intern, who happened to be a graduate of a Class A medical school, "I think we ought to give this man gelsemium." He replied, "What's that, doctor?" I said, "Did you ever go to a medical school?" "Oh, yes, for four years, but I never heard of gelsemium." I said, "Don't you know that the Pennsylvania Board of Health, a few years ago during the great epidemic of 1918-1919, sent a letter to all the doctors in this State, asking them if they would not prescribe gelsemium for cases of influenza instead of aspirin and codeine?" He said, "I heard of that." I said, "You don't even know what that medicine is?" He said, "No." I said, "If I had a student in my class who didn't know what digitalis was or who didn't know what morphine was, I'd feel very much abashed; and yet when you learn of a drug that the State Board of Health has asked the doctors of this State to administer to people because of its curative value, you don't even know what it is!"

The essence of sectarianism is that a physician has one method which he tries to apply to every

form of disease. There is no one method of treatment that applies to everybody, and the best doctor is not the man who takes pride in the fact that he knows only one method of treating people, but is the man who has the widest knowledge of various therapeutic measures and applies each when it is indicated.

If we begin with drug therapy, and that is, of course, an important part of medicine, it is common knowledge that there are various methods of drug therapy. First, I want to refer to what is known as the *antipathic* method. The antipathic method is the administration of a drug which has an effect that is the opposite to that of the disease. For example, if a man is suffering from constipation, we give him Epsom salts, because Epsom salts produces diarrhœa; if he has diarrhœa, we give him opium, because opium has the effect of producing constipation. This is what we know as the antipathic method, a method that is very old and at times a very effective method of treating illness. It, of course, has great limitations. For example, what is the opposite of a headache? The fact that you don't have a headache isn't the opposite of a headache. And what is the opposite of a pain from a gallstone? Well, there is no opposite. So it is a method which has very definite limitations not only because there are no opposites for many symptoms but also because the production of the opposite condition may not be helpful to the patient. For example, if a patient has a diarrhœa that is the result of uremia and I give him opium

to constipate him, I stop the diarrhoea, but I may kill the patient. If the patient has typhoid fever with a temperature of 104 degrees and I give him phenacetin, I may reduce his temperature to 97, but the patient will probably die. So you see there are a great many limitations to this method of therapy, valuable as it may be under certain conditions.

Next we have what is frequently spoken of as the *allopathic* method. Now the law of the State of Pennsylvania provides for homœopathic, electro-pathic, and allopathic representatives on the State Medical Board, but if you want to get the graduate of the average medical college mad, just refer to his method of prescribing drug as "allopathic." It is very much like flaunting a red flag in the face of the proverbial bull. There are a few words that offend the average doctor, "Homœopathic" is one and "Allopathic" is another. There is no scientific basis for such an attitude as they are both perfectly proper and scientific terms by which to designate certain types of drug therapy.

The *allopathic* method is the administration of a drug, chiefly for its palliative action, without any definite known relationship existing between the effect of the drug, and the disease to be treated. For example, for many years the Peruvian Indians found that if they gave Cinchona bark to people who had malarial fever they got well. They did not know anything about quinine or about malarial parasites. They just knew if you swallowed this

bark, a certain percentage of the people got well of the disease.

To-day when a person has syphilitic gumma of the brain and shows certain types of paralysis, we give him potassium iodide ; the gumma in the brain is absorbed and the paralysis disappears. We don't know why ; we simply know that it does. There is no particular physiological action of potassium iodide that would suggest to you that if a man had gumma in his brain or liver it would disappear under the administration of potassium iodide. This is what we call the allopathic method. It is more or less empirical—a method of trial and error.

This method has often proved to be of great value in therapeutics. It is a method that has been used in medicine for many hundred of years ; and we have some very effective drugs that are applied in accordance with this method. Some of them are curative, but mostly they are palliative.

Now we come to another method—the use of what we know as *antipathogens*. Antipathogens are medicinal agents that are used for the destruction or the elimination of the cause of disease. The other methods of treatment that I have referred to are largely palliative. For example, you have a cough, and I give you a half grain of codeine. That relieves the cough, but it doesn't cure the bronchitis that causes the cough. Or you have a boil on your neck, and I give you a hypodermic injection of morphine. I relieve the pain, but that doesn't cure the boil.

There are a number of antipathogens, and first I wish to discuss is the homœopathically indicated remedy. The *homœopathic* method is based upon the conception that the administration of an agent capable of producing symptoms similar to those from which the patient is suffering, will bring about in the cells of the body a vital reaction which will result in the production of antibodies or substances antagonistic to the disease.

Probably the simplest and best known example of this method is the use of vaccination against small-pox. Here we take a minute particle of the cow-pox vaccine, inoculate the skin and there is produced in the body a cellular reaction resulting in the formation of antibodies that protect the patient against small-pox. You can readily see that the drop of material that we put on the patient's arm does not stimulate his heart, or his liver, or his kidneys, or his nervous system, nor does it circulate around in the blood for the next fifteen years and kill the germs of small-pox that may come along. That is inconceivable, but we do know that the minute quantity of cow-pox virus produces in the living cells of the body a curative or protective reaction, and the curative or protective substances are formed by the living cells. So we have what we call a dynamic or vitalistic reaction.

Now homœopathy is not limited, as many people imagine, to the administration of sugar pills. Homœopathic remedies can be given on sugar pills, or in powders, or in liquid, or by

hypodermic injections, or intravenous methods. There are a variety of ways by which it can be given, but the basic principle of homœopathy is the stimulation of living cells to curative reactions ; and such reactions can only be induced in accordance with the principle of "similars". For example, if I want to protect you against small-pox, I cannot use organisms of typhoid fever, I must use the virus of small-pox itself or of cow-pox, which is a very similar disease. If I want to produce antibodies against the organism of pneumonia and its toxins, I must start by inoculating with the pneumococcus and not with the diphtheria bacillus. In other words, I must proceed on the principle of similars, and the basis of all vaccine and serum therapy is pure and simple homœopathy.

Another important method of antipathogenic therapy is *chemotherapy*. By chemotherapy we mean the introduction into the body of certain chemical substances that will inhibit the growth of organisms or antidote their toxins. Of course the most brilliant example of chemotherapy we have today is the sulfanol compounds, certain concentrations of which in the blood will destroy or inhibit the growth of the pneumococcus, the streptococcus and other bacteria. In this type of therapy the living cells play no part. If we could get all the pneumococci that are in the body of a man who has pneumonia, in a test tube and pour the sulphopyridine solution on them, it would be the ideal way to kill them. This is in direct contrast to the homœopathic method, where we

depend upon the reactive power of the living cell to produce the curative substances. In chemotherapy, the curative substance is introduced into the body already formed and the cell plays no particular part in the process.

Another form of antipathogenic therapy is the use of parasitocides. These are substances used to destroy parasites. For example, the use of the oleoresin of the male fern to destroy tapeworms or thymol to kill hookworms. Then there are substances that when applied locally will destroy various parasites and organism and fungi that involve the skin or the mucous membrane of the mouth or the vagina and so forth. These are antipathogens because they attack the cause of the disease.

From what has been said you can see that when you are confronted with a patient, the first thought to come into your mind should not be what is the indicated homœopathic remedy, but "what kind of drug therapy does this patient need"? Does he need a palliative to relieve his symptoms, or does he need a substance that will attack the cause of disease? He may need both. A man with a boil on his neck may need a sedative to relieve the pain; he may need a parasiticide to destroy some of the organism; and he may require another method of therapy, namely, surgery, that the boil may be incised and the pus drained from it.

In addition to various methods of drug therapy, the modern physician must use a great many other forms of therapy. For example, he must use

surgery - mechanical removal of defects, and so forth. The boy with the sand-burr in his nose did not need medicine. He needed surgical removal of the sand-burr. We recognize that surgery plays a very important part in modern therapy.

Then we have *dietetics*—the treatment of disease by certain types of diet. This is an important method of therapy in the treatment of diabetes, of gout, of various metabolic diseases, tuberculosis and so forth. I might also mention electrotherapy, phototherapy, radiotherapy, hydrotherapy, massage, osteopathy and psychotherapy.

Time does not permit a detailed discussion of all of these methods, each of value in their special sphere, but I wish to say a few words in regard to psychotherapy.

Psychotherapy is the oldest method of treatment known to man. It is, of course, the common method of treatment in vogue among quacks; and the reason quacks use it is because it works. As an example of the simplest form of psychotherapy, I might cite the case of a child who falls down and bumps his head. He begins to cry, and mother picks him up and says, "Where did you hurt yourself, Johnny?" "Right here on the head." "All right, mother will kiss it and make it well." That is a form of psychotherapy known as suggestion. I believe it was DuBois who said that homœopathy is suggestion plus sugar pills; that allopathy is suggestion plus nauseating drugs; electrotherapy is suggestion plus funny noises, and osteopathy is suggestion plus rubbing your back.

Now we don't altogether agree with him, but in all these methods the element of suggestion is important and a well trained doctor should be familiar with scientific methods of psychotherapy. There is no question about its value and if scientifically and properly applied, it is one of the most efficient methods of therapy we have today.

Some of you who read the Sunday papers may have seen an article recently in the *New York Times*, in which a prominent psychotherapist said, "Fear and worry produce more disease than bacteria." I think there is a very great deal to substantiate that statement. Certainly emotional conflicts produce as *much* disease as bacteria and such conditions can't be cured by the use of surgery or of drugs. Psychotherapeutic methods are necessary to overcome the bad effects of worry and of fear, of which so many people are the victims.

Sometime ago, I went to see an old lady and gentleman and found both of them huddled up in a little room because they had read in the paper that Hitler was about to bomb Philadelphia. They were in pretty bad shape. They had lost their appetites; they couldn't sleep, and when I told them that Hitler had decided he wasn't coming for a while and that the polar bears from Greenland would probably be down here before Hitler, they felt better and decided to go out and sit on the porch in the sun.

Psychotherapy is a subject to which every student of medicine should give more attention.

The majority of recent graduates who go out to practice medicine have no idea whatever of psychotherapy unless they happen to pick it up as a result of their own intuition, and it takes a long while to find these things out by intuition, whereas proper information in regard to such psychotherapeutic methods as suggestion, explanation and re-education will enable you to make rapid progress in this field.

Whenever you see a doctor with a large practice, you can be sure that he is a good psychotherapist even though his knowledge of the science of medicine may be extremely small.

A young doctor came to me sometimes ago and said, "I have been in practice now for three years, but I can't make my office rent. Up the street there is a man whose office is so full of patients that many of them have to sit out on the porch. They can't all get in and yet I know a great deal more about medicine than he does." I said, "That may be true. How do you account for it?" He said, "He just laughed himself into a practice." I replied, "That's fortunate for you, because he has no patent on that, and I'll give you some Biblical advice—'Go thou and do likewise.' If you think it is possible to laugh yourself into a practice, for heaven's sake go ahead and do it! Nobody will stop you."

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STRAMONIUM.*

(N. O. *Solanaceæ*).

Common name : Thorn-apple ; Devil's apple ; Jamestown weed ; Mad apple ; Stink-weed.

Synonym : *Datura Stramonium* ; *Datura lurida* ; *Solanum maniacum*.

Habitat : Grows everywhere.

Preparation : ALLEN says that our tincture is made of the seeds of *Datura Stramonium*. BLACKWOOD mentions Mother tincture of the fresh herb in flower and fruit. The British Homœo. Pharmacopœia adopts the entire herb.

The old school use the drug as a narcotic and antispasmodic, and especially do we find the dried leaves smoked as cigarettes for the relief of asthma.

Stramonium acts like other plants of the *Solanum* family in producing cerebral excitation, particularly delirium, which here assumes a peculiar form. Its scarlatina-like eruption is similar to *Belladonna*. Suppression of urine is one of the peculiarities to be noted ; great sexual excitement ; tendency to convulsions ; fiery eruptions of the skin similar to *Belladonna* ; dryness of the throat, with fear of water.

* Pages from the Manual of Materia Medica, edited by Dr. N. C. Bose. Copyright to Messrs. M. Bhattacharyya & Co., 84, Clive Street, Calcutta.

Therapeutic uses : Acute mania ; Delirium tremens ; apoplexy ; catalepsy ; epilepsy ; erotomania ; aphasia ; hysteria ; chorea ; convulsions ; hiccough ; diaphragmitis ; chordee ; coxalgia ; ecstasy ; enuresis ; affections of the eyes ; suppressed eruptions ; scarlatina ; measles ; whooping cough ; paralysis ; hydrophobia ; headache from sun ; anasarca after scarlatina ; locomotor ataxy ; sunstroke ; lochia, offensive ; tremors ; meningitis ; tetanus ; trismus ; Typhus ; Burns ; etc.

Generalities : SUPPRESSION OF ALL EXCRETIONS (Secale). *Wildness of manners.* Inarticulate cries. Lying on their backs ; when lying upon stomach, boring head into pillows ; prostrate and helpless. Relaxation of voluntary muscles. Sways to and fro like a drunken man. Falling over when sitting, especially towards right side, making a circular sweep. Threatens to fall on rising. Inability to perform co-ordinate movements. Loss of voluntary motion. Inability to take food, to see, hear, speak or feel.

TREMBLING OF WHOLE BODY (Arg. nit.; Gels.; Cimicif.; Merc.), with rigidity of trunk and limbs, constant moans, occasional shrieks, appeared as if terribly frightened : holding a candle before eyes caused convulsions of limbs.

CONSTANT RESTLESS MOVEMENTS (Hyosc.; Merc.; Rhus t.; Bell.), *Subsultus tendinum* (Hyosc). *Chorea-like movements ; and features continually changing, at times laughing, at times expressing astonishment, lips moved as if trying to speak, sometimes puckered as in whistling, mouth often*

opened and snapped together, tongue often run out rapidly and licked about cheeks, head thrown backward and forward spasmodic twisting of spine and whole body, limbs in constant motion (not jerking), anxiety and restlessness, rubbing nose and mouth, pulling at lips, groping about, fingering bedcovers, scratching face or throat, at times the arm suddenly sank down relaxed for a moment, whole body exhausted, then the spasm would begin anew (Merc).

Twitching ; and inability to swallow or talk (Hyosc., Op.) CONVULSIONS : AT SIGHT OF A LIGHTED CANDLE, MIRROR, OR OF WATER ; worse being touched or loudly spoken to, AND WHEN A CUP OF DRINK TOUCHED THE LIPS ; worse arms, face and neck ; beginning in face and extending to other parts ; with blowing or hissing expirations ; with shrieks and hoarseness, alternating with torpor ; alternating with rage, during which he beat and bit those who attempted to hold him.

Opisthotonos. Tetanus. Hysterical symptoms. Cramps. Body bent backward as in opisthotonos, muscles of limbs very active, he grasped at his mouth and face, tried to get out of bed and made efforts to grasp small objects, but had no spasms

Aura running swiftly from right heel to occiput, all along posterior right side. Hyperæsthesia to touch, every motion aggravated. RESTLESS ; and calling FOR WATER, SWALLOWING DIFFICULT (Hyosc.). Great strength.

Weakness ; in morning on waking, also went back to bed several times ; when walking ; from least exertion ; desire to lie down. Sudden weak-

ness, with violent beating of the heart. Diminution of sensorial power ; loss of sensation (touch. taste. etc.). Collapse. Stiffness of whole body. Paralysis of various parts.

“Chorea, with peculiar fright of the drug, with constantly changing spasms ; chorea, particularly of the muscles of the face, which assume all kinds of expressions (rarely for chorea, which persistently attacks certain muscles). Hysterical convulsions resulting from fright, especially from being frightened by animals.

HAHNEMANN calls attention to the fact that most of the affections to which Stramonium is homœopathic are characterized by painlessness.

It is suited to ailments of young, plethoric persons (chorea, mania), especially of children (fever delirium) ; ailments due to shock ; fright ; sun ; childbirth. Suppression.

Mind : DELIRIUM ; NOISY ; FRIGHTENED BY STRANGE OBJECTS THAT OBTRUDE UPON HIS FANCY ; GAZE FIXED AND SHE TRIED TO REACH TOWARDS SOMETHING WHICH SHE SAW ; *under impression of danger, clinging to the person who held him in her lap.* LOW MUTTERING, THEN SUDDEN AND FURIOUS SCREAMING, BITING, SCRATCHING, AND TEARING WITH HANDS AND KICKING.

PICKED THE BED-CLOTHES , *saw bugs, etc ; large dogs, cats and other horrible beasts seemed to grow out of the ground at his side and he sprang away from them in terror.* HE SAW BLACK OBJECTS, *spoke of black people and black clouds and grasped at the air ; at first looked stupid and gave incoherent*

answers, afterwards looked like an idiot, then bit a man's hand, SOMETIMES CRIED OUT THAT SHE SAW CATS, DOGS AND RABBITS AT THE TOP, SIDES AND MIDDLE OF THE ROOM. *Sees persons not present.* SOLELY OCCUPIED WITH OBJECTS OF HIS FANCY.

SYMPTOMS RESEMBLING HYDROPHOBIA; RAGE ON ATTEMPTING TO ADMINISTER LIQUIDS, LIKE HYDROPHOBIA, SPASMS OF PHARYNX SO THAT ANYTHING TAKEN CHOKED HIM AND WAS REGURGITATED. AVERSION TO FLUIDS.

Paroxysms of laughter. Delirium alternating with insensibility, VOICE SQUEAKING; *symptoms resembling delirium tremens, and struggling to get out of bed, rolling from side to side, unless supported she fell forward to the ground.*

ALL MOTIONS HASTY and forcible, *he is anxious if he cannot finish them at once.* APPREHENSION. STARTING UP IN FRIGHT; SHUDDERING AND FRIGHT. *Imagines that he is alone and is frightened. Sadness in evening in bed, with thoughts of death and violent weeping.* Fear of sudden death.

Talking much, but speech difficult; continued incoherent talk. Disinclination for real work. memory lost,

Disposed to talk continually (Cic.; Lach.); incessant and incoherent talking and laughing; *praying, beseeching, entreating; with suppressed menses.*

"Raving, with attempts to escape; talking, laughing, or singing; *especially with symptoms of terror, thinks he will be killed or that wild*

beasts are chasing him, Mania, wild delirium, with terrifying hallucinations. The child screams in fright, or an adult is horrified or loquacious, is particularly afraid of the dark. Hallucinations; he particularly imagines that he is surrounded by black insects or by small animals of black color. The loquacity of this drug may be compared with that of *Hyosc.*, and *Lach*; Stramonium is persistent in being confined to one subject; he imagines he is talking with spirits or absent people. Very frequently useful in delirium tremens, with visions of animals from which he attempts to escape. In delirium of fever, characterized by an abnormal sense of proportions of his body, it is similar to Baptisia; the Stramonium patient is apt to imagine that certain parts are of unnatural size, or that they are double. Hydrophobia; of all drugs known to us this seems most nearly a specific for this dreadful disease, and some cases, supposed to be genuine, have been cured."

The delirium of Stramonium is for the most part terrifying. Convulsions, with consciousness (*Nux*); renewed by sight of bright light, mirror or water (*Bell.*; *Lyss.*).

CLARKE says, "In a case of mine, *Stram.* relieved an extensive eczematous eruption which came on after a fright."

TESTE calls attention to the following forms of mania; Nymphomania of lying-in-women. Certain forms of religious monomania, exaggerated and ridiculous scruple of conscience. Fixed notion

that some unpardonable sin has been committed (which the patient is nevertheless unable to remember); that he is possessed of the devil. Hallucination, which terrify the patient.

Fantastic sensation : Starts as if a shock of electricity has been passed through her body. As if objects were smaller than they really are. As if dizzy. As if nose were shifted. As if pins and needles were in forehead. As if bones were sawed through. As if he had no limbs. Cries as if from sight of hideous objects As if very tall, As if navel were to be torn out. As if parts of limbs were completely separated from body. As if boiling water in throat. As if cold water were poured down back.

DESIRES LIGHT AND COMPANY; cannot bear to be alone; *worse* in dark and solitary place; cannot walk in a dark room.

Desire to escape, in "delirium (Bell.; Bry.; Op.; Rhus).

Head : Swelling and internal fulness as if it would burst. Frequently raises head from the pillow; head moved to and fro. Spasm to either side after a swoon, with redness of face. *Aching* : in evening; deep in brain, *worse* over eyes, with heaviness; with vertigo and heaviness of head, alternating with lightness and disposition to faint. Deep-seated throbbing. Fulness RUSH OF BLOOD. Confusion. Stupid feeling. Apoplexy. *Drunkenness.*; in morning; and heavy feeling in body. Head feels as if scattered about (Bapt.).

Vertigo : Every morning after rising, with want of thought, weakness of memory and vision as through a gauze. Vertigo on raising head from pillow ; on sitting and standing in a room, with nausea ; with flickering before eyes ; with staggering as if he *would fall forward and to the left*. "Vertigo when walking in the dark."

Forehead : Wrinkled. Tingling as if pins and needles were in it. Pain in right side. *Throbbing in forehead and in vertex* and eyeballs. *Vertex* : Pressure every day, late in afternoon and evening, *worse* right side. Pain in right side of occiput, occasionally throbbing ; also in left side.

"It has been prescribed for congestive headache, with fear of going mad from the violent pain. Boring frontal headache, preceded by obscure vision ; it has been noticed that when the sight of one eye is blurred the pain is on the opposite side of the head. Hydrocephalus. Cerebro-spinal meningitis." It causes more functional excitement of the brain, but never approaches the true inflammatory condition of *Bellad.*

Eye : STARING ; WILD, alternating with unsteadiness. Eyes PROMINENT ; AND WIDE OPEN, PUPILS DILATED, INSENSIBLE, WITH INJECTED CONJUNCTIVA, AS IF VESSELS WERE FILLED WITH DIRTY FLUID (Bell.; Hyosc.). Eyes *glistening ; and restless, wide open, staring, with a peculiar intoxicated look*. *Redness*. Inflammation, *worse* right eye, with lachrymation. Rolling,

Cornea bright red. *Conjunctiva injected ; and bluish*. Lids, closed and swollen ; half closed and

eyes listless. Swollen and inflamed. Drooping, as from cramp of orbicularis. Agglutination at night. Paralysis of lids.

VISION : COMPLAINED THAT IT WAS DARK AND CALLED FOR A LIGHT. Lost. Dim ; in afternoon when reading print. Amblyopia. Peresbyopia. Impaired. Weak, with pressure in eyes. *Things* appear smaller and at a greater distance, as if dazzled. All things appear oblique. Things look blue and smoky, and at times he can see only half an object. dazzled by rays of sun. Objects appear multiplied, Diversified and variously colored. "Strabismus."

Ear : Shooting. Tearing in right, with shooting through forehead and vertex. Pain in left, pressing down to cheek. *Deafness*. Hallucination of hearing. Hearing obtuse at times ; very acute. Ringing in left. Roaring.

Nose : Stopped ; feels stopped, but can get air enough through it. Dryness ; and redness, with loss of smell. Itching. Sneezing, from dryness of nostrils. Coryza, from 10 A. M. till noon, nostrils stuffed, but not much flow. Blowing out offensive yellow mucus. becoming fluent, Black hæmorrhage, (Arn.; Crocus ; Crot. h.; Hamam.; Lach.: Thlaspi.; Trill.) then warm sweat and general relief.

Face : REDNESS : of cheeks ; of forehead ; and of eyes ; *with heat ; and swelling*. Face *swollen and hot*. EXPRESSION OF TERROR (Atropine). *Anxious* (Sec. c). *Wild* (Bell) *Vacant, bewildered*. Idiotic. Besotted appearance. Drawn. Sunken. Risus

sardonicus. Distorted as by anxiety, with furrowed and wrinkled forehead, JAWS: hanging down; clenched; tetanic spasms. Lips and teeth separated. Swelling of lower lip; deep redness; bright red (afterwards almost black), feeling stiff, hard and trembling. Lips stick together and have a yellow streak along their red part. *Dry and sticky*; sore, parched, chapped, then peeling.

“Neuralgia of the face, with twitches, delirium. etc.”

Mouth: Teeth grinding; throbbing in lower teeth, in lower left molars and in submaxillary glands of same side; as if some teeth would fall out *Chewing motion of mouth.*

TONGUE: *Swollen and stiff.* Protruded, and *swollen*; and flabby. Red on edges and thin, but white in centre. Whitish, with red dots, and tip redder than usual. Papillæ enlarged and projecting through white fur. Furred; white, with dryness, burning and scraping in mouth and fauces; yellowish with disgusting bitter taste. Felt blistered. Boys scratch them with their finger-nails. *Dryness on tongue, and on palate; redness and white colour.* Paralyzed and trembled if she put it out.

SPEECH DIFFICULT AND UNINTELLIGIBLE (Merc.); faltering; *indistinct*. STAMMERING. Foaming; thick; bloody, *Drizzling* (Merc.). DRIBBLING OF GLAIRY SALIVA (Merc). Salivation. Bitter taste to food.

Taste: Pasty; like sand to food. Food balls up in œsophagus and threatens to suffocate her. Water tastes like leather. Taste like sulphur to eggs.

Throat : Externally' swollen as in mumps. *Grasping at throat.* SPASM ON ATTEMPTING TO SWALLOW, AS IN HYDROPHOBIA. CONSTRICTION OF THE MUSCLES ON ATTEMPTING TO SWALLOW. *Choking.* SPASMODIC CONSTRICTION, WITH PARALYSIS.

DRYNESS OF FAUCES, WITH REDNESS AND DIFFICULT SWALLOWING, NOT AMELIORATED BY WATER ; *worse swallowing saliva.* *Dryness of fauces, but he would not swallow when water was forced into his mouth.* *Paralysis of pharynx.*

Œsophagus : *Seems drawn together.* *Constriction and spasm* (Merc.). SWALLOWING DIFFICULT, *particularly of water.* *Swallowed drink hastily* (Merc.).

Stomach : Hunger, with tearing in abdomen, but inability to take food. Appetite increased. Appetite poor at breakfast ; diminished ; lost, with oppression at pit of stomach, *Great desire for acids* (Verat. a.). THIRST, *not ameliorated by water.* *Thirst for sour drinks ; for lemonade.* Eructation : offensive bilious, in evening. *Hiccough.*

Nausea, with retching causing pain in stomach, and vomiting of whitish fluid ; with discomfort in middle line of chest ; with inability to vomit and then dizziness, faintness and difficulty in swallowing and breathing. Ineffectual retching.

Vomiting : of mucus at night ; of sour smelling mucus ; bilious, after, least motion ; of green bile ; difficult, of food mixed with nearly black clotted blood, soon after eating and causing shooting at pit of the stomach, retching before and after the vomiting. .

Tenderness of epigastric region. Sourness. Irritation. Anxiety in pit, with difficult breathing

Abdomen : *distention, worse* region of pit of stomach *Meteorism*. Tympanitic ; hard : tense. Rumbling and growling. Rolling in abdomen during micturition, with rigors. Gurgling. Emission of flatus. Spasmodic retraction.

Tearing, *better* after broth-like stools. Gripping ; with shooting and looseness. *Sensitiveness*. Sensation as if expanded to the extremest degree. Tearing as if umbilicus would be torn out, the pain then goes into the chest. Pain in hepatic region ; during stool ; in centre of hypogastrium.

Rectum and Anus : Hæmorrhoidal flux. *Discharge of coagulated blood*. Ineffectual desire.

"She seemed to have motion to stool and passed a living lumbricus teres, fourteen inches long, with a little water, but without fæces or relief of symptoms."

Stools : "Diarrhœa during typhoid, black, putrid, with loquacious delirium, desire for light, fright, etc."

Constipation. Hard. Difficult, painful, the last part could not be evacuated by straining, but came easily after the straining ceased. STOOL AND URINE SUPPRESSION.

Diarrhœa : with flatulence, borborygmus, and occasional sharp pains ; with and followed by shooting downward in rectum ; chocolate-brown. Watery ; preceded by cramps in abdomen ; frequent ; brown ; several times from 3 till 7 p. m.

"Black fluid. Putrid; cadaverous; painless. aggravated during typhoid fever; in child-bed. Before stool, writhing pain in abdomen. Amelioration after profuse perspiration."—(BELL). This author further says that the stool of Stramonium is characteristic when the accompanying symptoms are present.

Urinary Organs: "Suppression of urine, especially in typhoid." *Bladder empty. Paralysis of bladder. Retention of urine, with muscular paralysis. Micturition only after twelve hours, Micturition dribbling; by drops, urine warm and sensation as if a cylinder were pushed through urethra; after vinegar a thin stream and less frequent desire.*

Micturition frequent at night; frequent by drops, the emission delayed for a minute before it came, though much was discharged in the forenoon. Micturition painful and urine alkaline. Micturition difficult and urine high-coloured. Urine dark and of strong odor. Urine thick and turbid.

Urine increased, and almost watery; and clear like spring water. "Violent thirst, with copious secretion of burning urine."—(JAHR)

Male Sexual Organs: Constant uncovering (Hyosc.). Priapism. Testicles retracted, penis erect as in chordee. Scrotum œdematous. Energy lost. Excitement.

Female Sexual Organs: Excitement, insatiable in women. "Nymphomania, either puerperal or menstrual, with great violence." *Menses increased and large clots. Menorrhagia, with drawing pains*

in abdomen, thighs and other limbs. Discharge of black blood from uterus.

"Dysmenorrhœa. Puerperal convulsions. Puerperal mania." With suppressed menses she may be PRAYING, BESEECHING, ENTREATING. Disposed to talk continually (Cic.: Lach.). In metrorrhagia from retained placenta with characteristic delirium, *Secale* often acts promptly when *Stram.* has failed. (With fever and septic tendency, *Pyrogen*).

Respiratory Organs: Suffocative *spasms of glottis* from vomiting. Pain in region of larynx. VOICE; *hoarse; croaking; high; SQUEAKING AND OUT OF TONE; SPEECH UNINTELLIGIBLE; lost; she could only utter a hoarse croaking sound that alternated with a sonorous, croupy, barking cough and inability to swallow from spasm of muscles of deglutition.*

RESPIRATION: *Suffocation. Difficult and rapid. Stertorous; slow; deep; with blowing at each expiration. Oppressed, with tightness across chest; oppressed, with desire for the open air. Unable to inspire a sufficient amount. Gasps and sobs. Sighs. Moans.*

COUGH: *Spasmodic, worse evening and next morning. Cough, with palpitation, anxiety, constriction of chest and convulsions. "Spasmodic suffocative cough, with jerking of the extremities. Asthma, desire for open air. Spasmodic asthma (very important) worse talking, hardly able to inspire. Most violent paroxysms of whooping cough, with suffocation almost convulsive, the child starts up in fright. Occasionally useful in pneumonia, with (the peculiar) delirium."*

Chest : Cutting in sternum in evening after lying down *better* emission of flatus, but returning. Tightness at night, obliging him to take frequent deep, forcible inspirations. Violent stricture across the chest. Oppressed breathing. "Spasms of the chest, particularly in hysteric females."—(JAHR).

Heart : Uneasiness in the region of heart, with faintness. *Palpitation*, in afternoon on slight exertion. Violent beating, waking from deep sleep. Feeble ; intermittent.

Pulse : *Rapid*, full and strong ; *soft and feeble*. Febrile. Strong, tumultuous ; and tremulous, unequal, sometimes intermittent. At times imperceptible.

Neck : Swelling. Stiffness. "Drawing (rheumatic) pain, extending from the side of the neck into the limbs."—(JAHR).

Back : *Spine sensitive, the slightest pressure caused outcries and ravings*. Burning pain in the back and abdomen, excited by motion. Pain in back as if beaten, and in shoulder. *Drawing pain in middle of spine ; and opposite in posterior part of stomach*. "Drawing pain in the small of the back."—(JAHR). Rheumatic pains in lumber region. *Drawing pain in sacrum*.

"Sometimes useful in early stages of locomotor ataxia."

Extremities : Peculiar, almost convulsive motions in upper extremities, while the lower were nearly paralyzed. Motions, *worse* hands. *Extreme* ties thrown to and fro, with screams and cries. TREMBLING of *hands and feet* ; as in chill, yet, heat

of skin ; *worse* hands, with movements as if she were afraid of falling, body bent backward.

TWITCHING, OF TENDONS ; OF HANDS AND FEET ; alternating with opisthotonos. Convulsions, alternating with stiffness ; the convulsions sometimes caused by external impressions, such as touching skin.

Immobility ; a kind of catalepsy. Numbness of hands and feet. Paralysis.

Upper Extremities : Trembling of arm when eating ; *choreic trembling*. Sticking in forearm, with rheumatic constrictive pain in deltoid. Hands could not be closed to make fist. Finger-nails purple, limbs cold. Grasped a glass convulsively after drinking though she wished to set it down.

Lower Extremities : Walking difficult ; impossible. Stumbles against a door whenever he goes through it. Staggering ; and falling to the right. Convulsive gait.

THIGH : Redness and heat of right thigh, *worse* anterior part of thighs. Paroxysmal jerking and drawing upward and inward of anterior muscles. Drawing pain

KNEES gave way and feet staggered. Pain in right leg, *worse* patella. Feet and legs swollen, hard, skin tight. Feet weak. He cannot stand on his feet.

Skin : Redness, first on upper part of body ; in patches of irregular shape on face ; *worse* face and trunk, with roughness ; scarlet spots. SCARLATINOUS SKIN (Bell. . Skin pale and cold.

RED RASH ; AS IN SCARLET FEVER, BUT MORE SHINING ; *better pressure, but returning immediately, on hands, arms, face, neck and back.* SCARLET EFFLORESCENCE, *brighter than in scarlatina.* Spots like fleabites on arms Vesications after the violent symptoms had subsided. Boil in groin. Formication. Itching, *worse face.*

"Erysipelas of the head and face. Occasionally called for during the cure of abscesses, especially of left hip ; in this disease there may be most violent pain, which we do not often find in the Stram. patient. Scarlet fever, quite frequently indicated before the eruption appears, sometimes afterwards, particularly in the malignant type. Suppressed eruptions, with delirium etc."

In suppressed eruption we must not forget that *suppression of urine* would be an important and additional indication for the remedy (Apis ; Colch. ; Phyto.).

Sleep : *Sleepiness*, after the excitement, with depression of pulse and prostration ; *then coma.* *Deep sleep, with snoring.* *Stupified half slumber.* Starting up in sleep, Dreams of different kinds.

Fever : HEAT OF FACE. HEAT OF HEAD. SKIN HOT, AND DRY, SCARLET COLOR. *Dry heat*, in remittent typhoid ; on trunk, with sweat. It has less fever than *Bell.*, but more than *Hyosc.* SWEAT : cold on whole body ; on paralyzed limbs.

Modalities :

Aggravation : Looking at bright and shining objects ; *in the dark, and when alone ; when*

attempting to swallow ; after sleep ; reflected light ; mirror.

Amelioration : From bright light ; company ; warmth.

Similar : Agar.; Ars.; Bell.; Bry.; Hyosc.; Merc.; Sec. c; Cham.; Ign.; Lyc.; Nux v : Op.; Puls.; Sulph.; Verat. alb.

Follows well after : Bell.; Cup.; Hyosc.; Lyss

Remedies that follow well : Acon.; Bell.; Bry.; Cup.; Hyosc.; Nux v.;

Inimical : Coff.

Antidotes : Acet. ac ; Bell.; Hyosc.; Nux v.; Op.; Puls.; *Tabac.* TO LARGE DOSES : Lemon juice, vinegar, tobacco.

Stram antidotes : Merc.; Plumb.

Dose : Sixth to thirtieth potencies.



A VISIBLE MATERIA MEDICA

PLUMB BROWN, M. D.

(Continued from page 235).

The human face is indicative of the man : Let us imagine a line as dividing the face horizontally. That development above the ears means brains, and the higher you rise spirituality, below the ears animal life. Above the ears Belladonna, below the ears Nux Vomica, above the ears the hard student, below the ears the hard worker. The

same division holds good as to the ear itself, above intellect, below material or monetary. As a general rule troubles above the diaphragm give hope, while those below give despair. As to the four colors, red, yellow, blue and white, red for the lungs, yellow for the liver, blue for the heart and white for the kidneys. Above the diaphragm the colors are red and blue, below diaphragm yellow and white. If we follow this idea in prescribing, when we have a patient with a square face, very red, we immediately ask ourselves what are the red remedies. The prince of red remedies is Belladonna. Aconite, crimson. Psorinum, hot and red, etc. If the face is yellow we immediately inquire what other faces are yellow. Nux Vomica—Natrurn muriaticum, Bryonia. The blue patient is Cuprum. Lachesis, purple, etc. The white patient, bloodless and almost dead, Camphor, Arsenicum, Apis; or if the blanched face is the result of the lad learning to smoke, Ipecac. The Bryonia patient has a square face, and other things being equal, he is short and square, hands are square, finger nails are square, body is square, he is on the square all the way through. If he has a weakness it is his heart.

If you have a yellow patient, with the yellow shades and patches here and there or all over him, think of Natrum muriaticum, Nux Vomica, Bryonia, etc. In Nat. mur. you have characteristic water blisters, etc. If you have this condition of blisters with a blue patient, think of Arnica—if the cast is purple, Lachesis. Bryonia may have all these

indications and more—he gets sleepy and thirsty. The *Rhus. tox.* face is long and narrow, a rustler and a hustler. The oval face is the good boy, more brains than feet—*Lycopodium*. *Pulsatilla* has a characteristically round face. I firmly believe that every child is born with a Hœœopathic remedy dominant in his face and general make-up. A patient enters your office and you at once say to yourself that is a *Nux* patient, or *Rhus.*, or *Puls.*, etc. This does not necessarily mean that the patient cannot get anything but *Nux*, but before he is well he will be brought to *Nux* or whatever remedy.

We have all heard of the wonderful skill of Hahnemann, Boenninghausen, Lippe, Guernsey, Hering, Allen, etc., and how they made rapid and clear-cut prescriptions. We often wonder how they made so many prescriptions in one day as they did. I venture to say it was done in great part by intuition, which came from years of practice and accurate prescribing.

That man is most successful in any profession who best knows how to read human nature. The man of magnetism is the one who touches the cords of our being. How do we touch human nature and single out the weaknesses? By a study of the human face, by seeing what is written in every face. This surely is our aid to rapid prescribing, if not consciously, nevertheless truly and certainly done. Read and see your patient's face, his nose, his eyes, color of hair, complexion, manner of speaking, breathing, walking, sitting down and rising, his clothing and the way he wears his

clothes, and every individual peculiarity belonging to him and which goes to make up the totality of the symptoms.

Have ever in your mind's eye three pictures, normal, or as things should be, morbid or diseased, as they now are, and a picture of the remedy. This picture idea will not admit of the giving of combination tablets, so extensively used by all would-be labor-saving homœopaths. Neither can the alternating doctor find solace in these thoughts, for necessarily you cannot have the picture of several people in one and the same person at one and the same time. But so far as I am able to gather from the teaching of the fathers neither of these modes of administering therapeutic measures is Homœopathic. It does not include what Hahnemann so grandly designated in his immortal dictum—the totality of the symptoms. In No. 18 of the *Organon* Hahnemann says: "It is, then, unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which disease can express its need of relief. Hence it undeniably follows that the totality of the symptoms observed in each individual case of sickness can be the only indication to guide us in the selection of a remedy."

Am I a rational being anchored to a rational system to therapeutics if I say emphatically that I believe the above to be true; or am I suffering from some aberration of the mind? As I have previously said, I believe in a wider humanity, a humanity which recognizes the good in all things good; a

humanity which also recognizes liberty of thought as a God-given heritage for us to use for the betterment of humanity, local and at large.

Visuality may be applied to other things than those previously mentioned, and for a few moments let us look behind the scenes, as it were. Were I gifted with the power of seeing into the minds of each one of you tonight, what impress picture would I see therein present, in answer to my query : Is Homœopathy a system of rational therapeutics, and as such has it a right to survive ? Time will not permit me to speak of the chaotic condition of medical science during Hahnemann's time. He not only exposed and overthrew the errors, but he founded a system of therapeutics based upon natural laws. Modern medicine is still in the same chaotic condition save for some few branches, and in so far as they are successful I contend that their success is founded upon the law of similars. The science of Homœopathy is founded upon a definite principle, "*Similia similibus curantur.*" In order to practice the art along the line of this definite principle we must master our materia medica and have the ability to intelligently use it. If lacking in this knowledge and ability, we are almost certain to be disappointed in the application of it as an art, and driven to the use of all sorts of palliatives.

Another necessary adjunct to the successful application of our art is the preparation and proper method of applying drugs. We have all had experience confirming Hahnemann's theory that triturating and diluting greatly increases the

medicinal quality of drugs. Modern science is verifying this daily in the ion theory and in the revival of the tuberculin theory and its modern application, thus revealing and confirming the potency of imponderables. "How infinitesimals act" has been and still is a bone of contention.

Because I believe in the potency of infinitesimals it does not follow that you must, but I simply bespeak a wider charity for all aids and supplements which the honest physician and surgeon is daily using. As science opens up new avenues to our vision she reveals new and useful additions to our armamentarium, and a further confirmation of nature's laws, the intelligent application of which is for the healing of the nations and the preserving of health. Homœopathy is a system of rational therapeutics for the light of modern research has vindicated its cardinal principles and it has stood the test of a century, and as such it *has* a right to survive and will survive; and unless we are alert and study thoroughly, diligently and loyally, we will some day awaken to a realization of the fact that modern science has literally swallowed our golden egg and left us stranded far behind. Let us see to it, therefore, that we are close students of the laws as laid down by Hahnemann, and verified by his faithful followers, and then with our beloved Helmuth we may sing.

Look down, O spirit, from thine unknown sphere,
Behold the days of persecution past,
See this assemblage of thy following here
Proclaims the triumph of the truth at last.

Behold the once torn waters of the sea
Of Therapeutics breaking on the rocks
Of doubt and error and uncertainty,
Tearing the lifeboat with incessant shocks—
On it the mariner shall safer steer,
And taught by thee, with thankfulness of heart
Shall watch the beacon and dispel his fear.
Among the benefactors of thy race,
Who stamp their impress on the fleeting years.
That grow to centuries, shall be thy place
Of honor, ceded by thy willing peers.
Among the epoch-making men, whose thought
Illuminates the world, there shalt thou stand,
Thy battle for humanity well fought,
Bearing thy mottoed banner in thy hand.
Then shall the sons of Æsculapius bring
Their votive offerings of thanks to thee,
And all the nations of the earth shall sing
The grand Te Deum—Homœopathy.

—The Medical Advance. Vol. XXXVIII No. 4.

—O—

CASE REPORT.

DR. EMIL SCHLEGEL.

Hernia.

Emma K., 15, rightsided inguinal hernia from babyhood, size of an egg. Stool normal; often headache and conjunctivitis; has not yet menstruated. March 13th she was given *Sulphur* mornings

and *Belladonna* in the evening. March 24th : even coughing and exertion do not cause protrusion of hernia anymore ; headache unchanged. Menses appeared for the first time April 19th. June 7th : hernia cured ; headache seldom. *Thuja* one dose. July 10th : neither hernia nor headache present. Coughing or pressure cause no symptoms in the inguinal region. *Nux vomica* 30th. September 30th all well, menses normal.

Tracheotomy.

Elsie S. comes to me. Had tracheotomy in 1882 for croup which had to be repeated Dec. 31st 1893 on account of cicatrical stenosis, and since then patient has to use canula, without which (after $\frac{1}{2}$ hour) breathing becomes difficult. Professor Bruns of the University Surgical Clinic considered dilatation of the trachea extremely hazardous. Her neck is thick and thyroid enlarged.—I have met with a number of similar cases. A boy of 14 also was left with cicatricial stenosis of the trachea. He has been frequently in the University Surgical Clinic for dilatation. During the six years I treated him much relief has been seen. *Phytolacca* and other well known homœopathic remedies were very beneficial.—A widow of 45 had tracheotomy on account of syphilitic ulcers of larynx, and needs often repeated surgical operative measures.—All such cases throw a shadow on the optimistic view regarding tracheotomies, which are looked upon as simple and safe.—Many patients die later on from asphyxia, and they fear catarrh and ex-

ertion.—Bertha B., 3, came under my care January 1905 after two tracheotomies, and she suffers severely from attacks of asphyxiation with continued tracheal stenosis.—A recent case of ingrowing goiter which gave very little trouble, in a lady student, operated upon by a very efficient surgeon. In consequence of an injury to a nerve, she suffered for months from attacks of asphyxia, and remained hoarse. Since surgery could do nothing for her, she tried homœopathy, which soon relieved, but she carelessly failed to return for further prescribing at the agreed dates, and aggravation demanded even night calls. My son Dr. Oswald Schlegel treated this daughter of a physician mainly and obtained splendid result in attack of great distress by giving patient *Ammonium iodatum* in a low potency, after which she again could ride her bicycle.

— The Journal of Am. Inst. of Homœopathy,
Vol. XXXIV., No. 12.

—O—

RELATA REFERO.

The Hon'ble Mr. Justice C. C. Biswas has recently been appointed as President of Faculty of Ayurvedic Medicine, Bengal. A right man in right place and right time. It is now the opportune moment to establish and maintain *liaison* with the Benares Hindu University Diploma Course of Ayurvedic Medicine and keep abreast of its curriculum so that the Bengal Ayurvedic Faculty may not perforce take an inferiority complex.

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The Hon'ble Member for Education, Health and Lands, Government of India, made an interesting announcement at a recent Press conference. Among other things relating to recruitment of I. M. S. officers, he said, "There are about 14,000 graduate doctors and 27,000 licentiate doctors in the country. Requirements of the Army and the Civil Defence will mean some curtailment of the medical facilities available for the civil population but as the large part of the public resorts at present to indigenous medicine, it will not mean any hardship."

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The Hon'ble Member cannot deny existence of another system of medicine—Homœopathy—which has won greater popularity by dint of its supreme efficacy in spite of its being held in obscurity and suppression. He will bestow the greatest benefaction on the people of India by extending State recognition to Homœopathy and installing it, in the first instance, in all urban and rural hospitals and dispensaries. This will at once save an untold amount of money to the Government for being utilized where money is sorely wanted and also release quite a large number of medical graduates and licentiates to fill requirements of the Army and the Civil Defence. Let this be done at least as a part of our war efforts, and I can vouch for such an elegant result that it will justify permanent adoption of Homœopathy, even in the Army Medical Service.

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With reference to the statement of the Hon'ble Member in charge of the Department of Education, Health and Lands, Government of India, made at a Press Conference on July 15, commenting on the inadequate response from the medical profession in India to the requirement of Army and Civil Defence, the President of the Indian Medical Association has issued a statement giving several causes that effect adversely the recruitment of medical officers. Amongst such causes and factors he mentions, "In spite of the political situation, the response to the appeal for recruitment to the I. M. S. would have been greater than what has actually been the case had the Government taken the Indian Medical Association into confidence and, through it, obtained the advice and suggestions of the leaders of the profession. The Indian Medical Association, as an official body, has been completely ignored."

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Crazy craving for a grace of recognition by exotic General Medical Councils cannot obtain anything better than such an ancillary position.

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Rai Bahadur Hiralal Mukherji passed away on Saturday, the 27th. June, 1942. He was about 48 years at the time of his death. He was of amiable disposition and a popular officer who has liked by all who came in contact with him. While an Assistant Secretary to the Government of Bengal

in the Public Health Department he worked wholeheartedly in framing the Rules of the Homœopathic Medical Faculty and General Council. The Homœopathic medical profession of Bengal will cherish his memory for all time with reverence and gratitude. *Requiescat in Pace !*

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Reuter from New York cabled on July 21, 1942, that one of the most rare and difficult operations in medical history has saved the life of a 17-year-old war-worker who had been stabbed in the heart. Seven stitches were inserted in the heart after the surgeons had cut away three ribs to reach it. The blood which spurted from the main heart chamber was later poured into the veins in the patient's arm.

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Dr. Samuel Arthur Jones M. D., says : "The mercantile spirit rather than the scholastic prevails in both professor, practitioners and students. The supreme aim and end of the student is the diploma rather than the qualification for it; the legal right to the practice, without that moral right lacking which no graduate in medicine is other than a peril to whomsoever shall entrust life to *him*." He by implication arraigns every homœopathic college that teaches the practice of homœopathy *without fully inculcating its principles*.

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"*Observateur*"

Economic Pharmaceutical Works.

INCORPORATED WITH

(*Standard Homœopathic Laboratory ; Registered
under Govt. of India Act XVII of 1908*)

A laboratory has to fight hard to establish its name and fame. But the name of **M Bhattacharyya & Co.**, of Calcutta, the proprietors of the laboratory, is so well-known to the medical profession as well as laymen, for their integrity and high standard, that it is hardly necessary to do anything more than remind them of their unimpeachable reputation for quality, ranging over half a century. So, it would be, we hope, no impertinence if we say that the **Economic Pharmaceutical Works** should not be judged like other concerns that have no tradition to fall back on.

This laboratory was started for supplying fresh and genuine **Indian Tinctures, Biochemic & Homœopathic Triturations and Tablets** to the market which had been infested with spurious products of all description. A new item as important as **Globules** has of late been added to the line—a land-mark of progress in the history of Homœopathic manufacture in India.

We beg to draw the attention of our medical and lay-friends to the fact that the **Economic Pharmaceutical Works** is the biggest of its kind in India, is fitted with the latest and most efficient apparatus and

applied. Every detail of the manufacture is conducted by a trained staff under the direct control of a graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Economic Pharmaceutical Works** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

We offer our sincere thanks to our numerous patrons for their steady support to **M. Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions.

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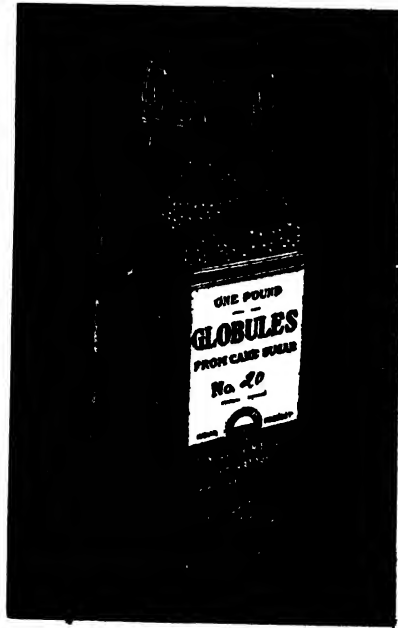
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बावविधि— " " " ६२ " १० आना ।

আমাদের প্রকাশিত (বাঙ্গালা অক্ষরে) সংস্কৃত পুস্তকাবলী ।
বাহুবল্লভ—বড় অক্ষরে, বোর্ডে ছাপা, ডজন ১০০ আনা ।
শ্রীমদ্ভগবদ্গীতা—১০০ আনা ; শ্রীশ্রীচণ্ডী—১০ আনা ; বিরাট-পর্ব—
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हिन्दी ।

अवसायी—मूल्य १,

देवनागरी अक्षरोंमें संस्कृत पुस्तकावली

चण्डी—(श्रीश्री दुर्गा सप्तशती)—बड़े अक्षरोंमें, मूल्य १,

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M. BHATTACHARYYA & Co.

84, Clive Street, Calcutta.

MANUAL OF MATERIA MEDICA

(WITH ALLEN'S CLINICALS)

Will be shortly out.

M. Bhattacharyya & Co.

THE HOMŒOPATHIC HERALD.

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Editorial

WHY DELAY ?

India is getting more and more involved in the international crisis as almost all her frontiers are threatened by Axis invaders. Its domestic political events are creating situations on all sides, anxious and panicky. Dislocation of social, economic and concerted existence is fully exhibited in all its limbs and yet nowhere it is more glaring, more distressing than in the wide field of Disease and Doctor.

The Ministry of Public Health, Bengal, are not unaware of the piteous condition prevailing in the drug market for want of adequate supplies even at controlled prices. It may not also be unknown to them that millions of suffering public are taking resort to Homœopathy for its proved efficacy. How long will the Ministry withhold its clamancy and conceal its tears of sympathy for the suffering millions. What heavy stone shuts the immediate implementing of a Homœopathic Faculty ?

SULPHUR.*

(Sublimated Sulphur).

Synonym : Flowers of Sulphur.

It is a non-metallic element. A saturated solution of *pure sublimed sulphur* with alcohol represents the first centesimal dilution. Pure sub-limed sulphur is also triturated for use.

General action ; A tissue remedy of widest range. Since sulphur is an integral part of every form of protoplasm, it follows that all tissues become affected by its abnormal exhibition, and no particular limit or character can be assigned to it. Its action on the dermoid tissues is, however, very pronounced.

It was first proved by Hahnemann. Sulphur is our great *anti-psoric remedy*. He believed that "at least *seven-eighths* of all chronic maladies spring from psora as their only source, while *the remaining eighth* spring from *syphilis* and *sycosis*."—(CHR. DIS.).

It is often necessary to begin the treatment of chronic cases with *Sulphur*, and especially so if we discover that any previous trouble that the patient has had, has been suppressed. This is particularly true if there is a history of any skin eruption that

* Pages from the Manual of Materia Medica, culled mainly from Allen's Hand Book of M. M. Copyright to Messrs. M. Bhattacharyya & Co., 84, Clive Street, Calcutta.

has been treated with medicated soaps, lotion or ointment ; and if in chronic cases it is frequently found to be of advantage to begin the treatment with *Sulphur*, in any disease—acute or chronic—it is a remedy of great value when improvement seems to have reached a standstill, or when relapses threaten. LILIENTHAL has truly said, “there is no remedy like *Sulphur*, in the whole of *Materia Medica*, to make other drugs work.”

Generalities : EMACIATION (Iod.; Nat. m.), WEAKNESS, ALL DAY ; *in morning, with swollen eyes and inclination to stretch (Rhus t.)* ; IN AFTERNOON ; *worse sitting, with tensive headache and cramp-like pressure in hollows of knees extending to malleoli.* WEAKNESS, *in evening ; after waking · after dinner ; after stool ; better* WALKING (Rhus t.) ; *better walking in open air (Puls.) ; with aversion to everything, even to talking : with trembling of hands and feet.*

Walking was irksome, heaviness of feet, with tension, across chest. Faintness ; in afternoon, with vertigo, vomiting and sweat. SYMPTOMS OCCUR MOSTLY DURING REST, *better* MOVING THE AFFECTED PART OR WALKING (Rhus t.).

“It is very frequently valuable in acute diseases when the carefully selected remedy fails to act on account, probably, of constitutional disease ; a few doses of Sulphur will temporarily modify the condition so that the indicated remedy can antidote the acute trouble.”

• “Chorea. Neuralgia of various sorts, sometimes periodic. Chlorosis. Marasmus. General effects of

the suppression of eruptions. Various forms of scrofulous disease." *Scrofulous emaciation.*

For children who cannot bear to be washed or bathed ; emaciated, big-bellied ; restless, hot, kick off the clothes at night (Sanic); have worms, but the best selected remedy fails.

"It is particularly indicated for people who have *very red lips* and redness of other orifices of the body, often with soreness and burning. It is particularly suited to people with light complexions. Frequently indicated for diseases which alternate with some phase of skin trouble, especially when there is a general disagreeable odour of the exhalations of the body, *general aggravation from bathing and aversion to it.* Suitable for people who have harsh, rough skin, whose hair is coarse, but who are weak and liable to eruptions. Lithæmia, some of its various aspects, indicated by its numerous characteristic symptoms."

Mind : ILL HUMOR (Calc. c.; Lyc.; Phos. ac.); *in morning after rising ;* WITH RESTLESSNESS, *worse morning and evening,* WITH LACHRYMOSE MOOD (Lyc ; Nat. m.); ill humor, at herself ; and NO DESIRE TO TALK ; ABSORBED IN HIMSELF ; FAULT FINDING. *Confusion of head as in outbreak of coryza, with dulness in head and bitter taste.*

Delirium, she destroys her things. throws them away, thinking that she has a superfluity of everything and *she wastes to a skeleton.* Fancies that she has beautiful clothes, old rags look like fine things.

Excitement at night on going to bed ; *on violent motion, with passion*. Cheerful, in morning on rising, and clear, decided, but the confusion returns at 9 o'clock and is aggravated by earnest thought.

OUT OF SORTS WITH EVERYTHING IN EVENING (Lyc, Puls.), *for work, pleasure, talking or movement ; uncomfortable and does not know what is the matter*. QUARRELSOME. Embittered mood, as if he had been insulted. IMPATIENCE ; before urinating. *Obstinacy*, ANXIETY IN EVENING, PREVENTING SLEEP (Lyc ; Puls.), WITH HEAT OF HEAD AND COLDNESS OF FEET, *he forgets what he wishes to do*. PLEASURE IN NOTHING. LOW SPIRITS ; *during the day, becomes lachrymose if one attempts to console her. Despondency. Discouraged ; and weary of life. Distraction of mind, and awkwardness at his work. Stupid. Forgetful : of proper names ; in respect of well-known localities. Disinclination to talk. Starting up even when his name is called. Hasty, when talking anything and when walking. Indolent, Aversion to business. Mistakes as to time, thinks that it is earlier than it really is.*

"The well-known disposition of the Sulphur patient is irritability, sometimes alternating with mental indolence. Melancholia, with sadness, absent-mindedness, sometimes with a sense of disgrace. Melancholia after labor. Religious melancholia particularly associated with abdominal plethora."

Impetuous and peevish. *Great disposition to weep. Exceedingly sensitive. Inclined to philosophical and religious speculations.*

Characteristic Peculiarities : "The drawing (lacerating) pains in the limbs become intolerable when the limbs are covered by feather covers. The pains are relieved by external warmth, increased by coldness. Most pain come on during rest and go off during motion. She feels worst when standing. His right side is more helpless than his left. He is worse every eight days. The symptoms are *better* at rest, and *worse* from motion. All the symptoms are without pain. *The pains appear more aggravated at night.* Pains when the weather changes. The pains, especially those felt in the head and stomach, come on in the open air when walking."—(JAHR). Emaciation, wastes to a skeleton.

Sulphur is most suited to lean, stoop-shouldered persons, who walk and sit stooped. Standing is the most uncomfortable position. It is also suited to dirty, filthy people, with greasy skin, and long, straight matted hair, prone to skin affections.

Therapeutic uses : It frequently serves to rouse the reactive power of the system when carefully selected remedies fail to produce favourable effect, especially in acute diseases. Ailments from abuse of Cinchona, or Mercury and metals generally. Scrofulous and rachitic complaints. Scabies ; herpetic, vesicular and pustular affections of the skin. Ulcers ; abscesses ; erysipelas ; inflammation, swelling, and suppuration of glands. Psoric, chronic diseases that result from suppressed eruptions (Caust.; Psor.). COMPLAINTS THAT ARE CONTINUALLY RELAPSING ; *patient seems to get almost well when the disease returns again and again.*

Gonorrhœa ; gleet. Jaundice. Lumbago. Hip-joint deasese. Hydrocele. Hydrothorax. Hydrocephalus. Consumption. Dropsy. Rheumatism ; gout ; epilepsy ; Ophthalmia ; catarrhal affections ; gastric disorders ; diarrhœa ; constipation ; hæmorrhoids ; asthma ; whooping cough ; pneumonia ; phthisis. Congestion to single parts e. g., eyes, nose, chest, abdomen, ovaries, arms, legs or any organ of the body preluding the onset of tumors or malignant growths, *especially of climacteric*. Amenorrhœa ; dysmenorrhœa ; leucorrhœa. Chlorosis. Phymosis. Gonorrhœa. Bilious, typhus and hectic fevers.

Sulphur also affects particularly the lymphatic glandular system, the mucous membranes, especially of the eyes, bronchi, urethra, and rectum, and the portal system, especially the hæmorrhoidal vessels.

It is a valuable remedy for "chronic alcoholism," dropsy and other ailments of drunkards.

SENSATION OF BURNING is another important indication for this remedy. Sensation of burning : on vertex ; smarting in eyes ; in face, with redness ; burning of vesicles in mouth ; and dryness of throat ; in stomach : in rectum ; in anus, and itching piles ; scalding urine, like a stream of fire in ripples ; in chest, rising to face ; of skin of the whole body, with hot flushes ; in spots between scapulæ (Phos.). Burning feet ; perspiring feet.

Sulphur facilitates absorption of serous or inflammatory exudates in brain, pleura. lungs joints, etc. when Bryonia, Kali mur, or the best selected remedy fails

It is of great importance to remember the key features of the drug to guide in selection. (a) *Irregular distribution of circulation* ; flushes of heat : rush of blood to head, chest : plethora from suddenly suppressed eruptions, piles, discharges, heat and burning sensation of all parts or coldness ; sweating of many parts. These irregularities may go on to actual inflammation with effusions ; and to fevers of intermittent and other types. (b) *Redness of orifices and parts near orifices* ; red ears ; red nose ; red eyelids and red borders round eyelids ; brilliant red lips ; bright red anus of children ; red meatus urinarius ; vulva. The orifices are not only red and congested but they are sore and hypersensitive as well ; the passage of all discharges and excretions is painful. (c) *Feeling of emptiness* : Sulphur stands pre-eminent in regard to this symptom ; faint, sinking, all gone sensation "at 11 A. M." ; the time need not, however, be exactly eleven, though that is the most characteristic time. The ravenous hunger at 11 A. M. is often associated with other characteristic sulphur symptoms. Voracious appetite is a frequent symptom of scrofula ; and scrofula and psora are frequently convertible terms. The child clutches at all food offered to it as if starved to death. The child looks dried up, in little folds, yellowish, wrinkled, flabby. Head large in proportion to body ; lymphatic glands enlarged. When scrofula exists without particular symptoms, *Sulphur will develop them*. (d) Allied to scrofula is *tuberculosis*. In tuberculosis of the lungs, a key-note is "body feels too hot" ; the patient must have

windows open no matter how cold the weather may be. It is best given in the early stages of tuberculosis, and bears repetition. (e) *Worse by heat* is another very important symptoms of sulphur, the aggravation is most noticeable by warmth of bed. The cases of rheumatism and sciatica requiring Sulphur will generally have *amelioration* in morning and *aggravation* at night in bed. (f) *Worse at night* is equally characteristic. In regard to *periodicity*, COOPER considers *every twelve hours* as the most characteristic, and CLARKE says it may be multiples or divisions of twelve. (g) *Intermittent fever* : some splendid cures are on record with SULPHUR & two pillules every four hours. It is also the remedy for a large number of *periodical headache*.—(CLARKE)

PECULIAR SENSATIONS : As if a band were tied tightly round forehead, round cranium. Vertigo as if swinging. As if one stood on wavering ground. As if bed were not large enough to hold him. As if hair on vertex stood on end. As if head were enlarged. As if she would sneeze. As if occiput were hollow. As if eyes were gone and a cool wind blew out of socket. As if a needle or splinter were sticking in eye. As if sounds did not come through ears but through forehead, As if water in ears. As if he smelt perfume. As if a hard ball rising in throat. Sensation in urethra as if obliged to urinate. As of a lump of ice in (right) chest. As if heart were enlarged. As if a mouse were running up arms and back. As if vertebræ gliding

one over the other. As if skin were denuded and sore.

Mind : *Melancholy, sad, despondent, inclined to weep* (Aur.; Ign.; Nat. m.; Puls.; Plat.; Rhus t.). Everything looks pretty which the patient takes a fancy to, even rags seem beautiful.

Delirium : She destroys her things, throws them. Excitement at night on going to bed. Talks nonsense. Fancies that she is becoming emaciated.

ILL HUMOR (Calc. c.; Phos. ac.), *worse morning and evening, lachrymose mood* (Lyc ; Nat. m.). *Ill humor at herself ; and no desire to talk ; absorbed in himself ; fault-finding.* **OUT OF SORTS WITH EVERYTHING IN EVENING.** **ANXIETY**, *in evening in bed, at the full moon ; lachrymose if one attempts to console her ;* **IN EVENING, PREVENTING SLEEP ; WITH HEAT OF HEAD AND COLDNESS OF FACE.**

Peevish, irritable ; fretful ; ill-humored ; quarrelsome (Bry.; Cham.; Nux v.). Indolence of mind and body ; indisposed to do anything ; work, talk, pleasure or motion (Nux v.; Phos. ac.). Uneasiness and involuntary haste in everything (Sulph. ac.). Weak memory, particularly for names (*Anac.*; Kreos.; Lach ; *Lyc ; Nux. m.*). Great tendency to religious and philosophical speculations (Verat. alb.).

"The well-known disposition of the Sulphur patient is irritability, sometimes alternating with mental indolence. Melancholia after labor. Religious melancholia, particularly associated with abdominal plethora."

Mental distraction ; cannot think, or fix his mind on any subject (Calc. c ; Gels. ; Nat. m. ; Phos. ac. ; Sep.).

Head : "Neuralgic headaches, with sense of congestion or tightness, *worse* warmth. Congestive headaches, with heaviness ; there are apt to be heavy pressure and heat on the vertex, associated with abdominal symptoms. Pulsating headache, *worse* stooping and moving (Bry.). Tendency to hydrocephalus in children, with stupor, suppressed urine and diarrhœa. In hydrocephalus it is to be compared with Apis, especially in the retrocession of eruptions. Tubercular hydrocephalus. Meningitis, secondary stage. The fontanelles close very late in sickly, scrofulous children. Eruptions on the head, usually dry, bleeding easily, burning and sore, sometimes cracking ; general relief from scratching. Falling of the hair, with great dryness and soreness of the scalp, excessive itching in the evening when warm in bed."

STICKING PAIN, AND OUT AT EYES. Head moved constantly in bed, because every place seemed too hard. Thurst in head when coughing. ACHING : IN MORNING AFTER RISING ; ON waking, *worse* externally on vertex ; IN EVENING TILL LATE AT NIGHT.

CONFUSION ; IN MORNING, *and pressure in forehead till noon* ; IN EVENING, WITH PRESSING IN FOREHEAD ; AT NIGHT IN BED, WITH HEAT AND RUSH OF BLOOD. GIDDY CONFUSION (Gels.) RUSH OF BLOOD DURING MENSES.

VERTIGO : *in morning, with nosebleed ; ON STOOPING ; ON WALKING IN OPEN AIR (Calc.; after supper) SHE DARED NOT STOOP OR LOCK DOWN when walking on an elevation in the open air, with inability to step firmly and obscuration of senses. VERTIGO, even to falling down, when walking over running water ; to falling forward on suddenly rising from a seat*

Forehead : Boring above root of nose. PAIN, IN BONE ; *above eyes ; during menses, worse afternoon ; during fever, better sweat, WITH RESTLESSNESS ; worse MOTION. PAIN IN SINCIPUT AS FROM A BAND AROUND FOREHEAD, WITH CONFUSION ; as if screwed together*

Temples : *Sticking close to eyes on moving them or looking at anything. PRESSURE FROM ONE TEMPLE TO THE OTHER IN MORNING AFTER RISING. Aching in evening after reading ; on reflexion and mental work, with tension in brain.*

Vertex : *Tearing in evening as if hair would be torn out, it bristles on the most painful spot. SENSITIVENESS TO TOUCH ; with boring beneath vertex ; in spots. Pain, in morning on waking ; at noon, with burning ; in evening ; AS FROM PRESSURE ON TOP OF BRAIN. Intermittent pressure inward deep into brain, worse late in evening and night in bed, obliging him to wrinkle the forehead and draw eyes together.*

Sides : Sticking in parietal and occipital bones when coughing. Thrusts in right side in evening when sitting.

OCCIPUT : Aching in forenoon with drawing pain ; *at night :* at 2 A. M. on waking ; *worse* pressure ; in left side, *as from congestion of blood, after waking. Pulsation in left side, changing to jerking.*

Scalp : HAIR FALLS OUT (Lyc.; Phos.) ; IN MORNING ON COMBING. PAINFUL ELEVATION ON SINCIPUT AND VERTEX ; *on right parietal region, sensitive to touch. Painless elevation on vertex. PIMPLES, on vertex. ITCHING inflamed ; INFLAMED ON OCCIPUT. PUSTULES ; NEAR NAPE ; GRAIN-LIKE, ON VERTEX, DRYING INTO HONEY-LIKE SCABS. TENDER SCABBY ELEVATIONS ON VERTEX. SENSITIVENESS ; on scratching ; on vertex. ITCHING, ON OCCIPUT, NEAR NAPE ; in morning after rising ; WITH IMPATIENCE.*

Eyes : *Surrounded by blue rings ; and sunken. REDNESS, DURING THE DAY, ITCHING IN EVENING ; with swelling and pimples on lids Purulent mucus. Matter in morning. White vesicle on the white of eyes close to cornea. STICKING IN RIGHT EYE ; BURNING, AS FROM SAND BENEATH LEFT LIDS (Nat m.). Sensation of foreign body in left eye in forenoon. Feeling of sand in morning on waking, with raw pain on rubbing them.*

Aching ; and sometimes feeling as if eyeballs were swollen , on looking at the flame of a candle ; on touch, when closed ; worse working in the sun. Sensitiveness. Sensation as before an inflammation sets in. Biting, evenings, with lachrymation. Dryness (Lyc ; Nat. m.) ; at 2 A. M. Itching worse rubbing and standing over face. Burning and easy FATIGUE WHEN READING (Nat, m.). Burning

towards outer canthus ; in morning after rising ; in morning, with adhesion ; towards noon, worse edges of lids ; in evening, then lachrymation ; after getting up, worse external canthus.

LACHRYMATION IN MORNING (Puls.), WITH BURNING ; *then dryness. Shooting through middle of left pupil deep into eye when reading.*

Ball : ACHING IN EVENING, WITH WEIGHT AND LOSS OF VISION. Aching : *on moving them ; on walking in open air ; and in brows.* DRYNESS AND SENSATION AS IF THEY RUBBED AGAINST LIDS.

Lids : *Redness of lids, and of conjunctiva. Swelling ; with pain and lachrymation. Styte on upper lids by inner canthus.* AGGLUTINATION, MORNINGS (Puls ; Rhus t.). SMARTING SORE PAIN ON INNER SIDE AFTER MIDNIGHT, THEN BURNING DRYNESS ON INNER SURFACES. SMARTING AS FROM DRYNESS OF MARGINS. *Rubbing like sand, in mucous surface of lids in bed.* ITCHING ON EDGES. BURNING EXTERNALLY, IN MORNING, WITH REDNESS, SWELLING AND ITCHING.

Canthi : Redness of outer canthi. *Burning ; in outer ; in evening, with sensation of a foreign body between edges of lids towards outer canthi ; in right external canthi, with sensation of a grain of sand in it ; with itching and smarting.*

Orbit : Shooting in upper border of left before going to sleep. Pain ; drawing ; cramplike, deep in right orbit extending into frontal sinus, then alternating with a similar pain in left. Burning pain above and beneath brow (left) in afternoon.

Vision : DIM, sometimes double ; sight lost when sewing ; in evening by candle-light, objects enveloped in smoke ; *when reading* ; WITH WEAKNESS OF EYES AND CONFUSED ; DARK SPOTS FLOATING BEFORE EYES. *Objects seem more distant than they are.*

INTOLERANCE OF SUNLIGHT. *Photophobia.* FLICKERING. VISION OF DARK SPECKS (Phos.) ; *of black flies floating not far from eyes. Sight dazzled by looking long at an object.* Illusions as if her skin were yellow.

"*Blepharitis*, with itching and burning. *Eczema* of the lids. *Styes and tarsal tumors.* *Ulcerations of the lids*, which are very red and burning. *Conjunctivitis*, from foreign bodies (after Aconite). *Catarrhal conjunctivitis.* *Trachoma*, acute and chronic, with sharp pains like splinters, *Pustular inflammation* of conjunctiva and corner, always with great photophobia, sharp pain etc., *worse* bathing ; ulcers, abscesses. *Keratitis*, paranchymatosa. *Keratoiritis.* *Iritis*, sometimes syphilitic often in rheumatics. *Retinitis.* *Opacities* of the vitreous. *Asthenopia.* In all the eye troubles of Sulphur there are photophobia, nightly aggravation, sharp, stinging pains, like splinters of glass, and great dread of having any water touch the eye and face. *Cataract.*"

Ear : Copious wax ; *worse* in left ear ; and viscid, fluid. STICKING IN LEFT EAR ; as far as pharynx. ACHING. *on swallowing and sneezing.* *Something seems to come before left ear*, so that though he hears everything he cannot understand the human voice. Stopped sensation. ROARING ; IN EVENING IN BED, WITH

RUSH OF BLOOD TO HEAD. Intolerance of noise. *Swashing in ears. Deafness.*

"Deafness, with a variety of inflammations in external and middle ear, and perhaps also in the internal ear."

Nose : *Swelling, with pain and intenal ulceration. INFLAMMATION of wings, with swelling. Swelling of tip with shining redness. Rush of blood, worse open air. Crawling as in coryza. ITCHING, OF NOSTRILS, WITH BURNING AS IF SORE ; on outside, worse nostrils, with swollen feeling. Burning in septum. DRYNESS (Lyc.; Nat. m.) ; in forenoon in open air, with feeling as if mucous membrane were swollen ; frequent blowing out of mucus mixed with blood ; always relieving head. CORYZA with chilliness and cough. Fluent coryza ; and bloody mucus on blowing nose. Mucus : blood-streaked ; yellow, purulent. Watery discharge.*

Bleeding ; in morning on blowing ; blowing out blood at night ; clotted, always on blowing. OFFENSIVE ODOR OF MUCUS ON BLOWING NOSE (Puls.) Odor of old, offensive mucus ; of burnt horn ; of sulphur. Intolerance of odors.

"Catarrhs of various sorts, according to symptoms above.

Face : *Looks ill. PALE ; AND SUFFERING AS AFTER LONG ILLNESS, WITH DISCOMFORT ; collapsed, expression anxious.*

"Facial neuralgia, involving especially right side of face and head, *worse* night. (Upper lip more affected),"

Tearing in right half ; in malar-bone and at other times in lower jaw, as if they would torn out. Painful pressure on malar-bone and beneath eye.

Jaws : GLANDULAR SWELLING OF LOWER. DRAWING JERKING IN LEFT LOWER. Cracking in joint on chewing. pain ; cramplike ; spasmodic.

LIPS : SWELLING OF LOWER (Hep. s.), WITH ERUPTION ON IT. *Swelling of upper, with, pain. Elevated tetter in corner towards cheeks. Red spot on the upper. Painful inflamed spots in red upper lip, changing into aphthæ. Painful cracks in middle of upper lip. Pimple, on margin of lower, with sticking on touch ; on upper lip, painful to touch. Red itching point in middle of upper. Vesicles, covered with bran-like scales. Group of painful aphthæ, grayish-white, on inside of lower lip. Scabby ulcer on margin of lower, with burning pain. Herpes labialis.*

DRYNESS, *in morning with tension.* UPPER LIP AND MARGIN OF NOSE DRY, SCALY, ROUGH AND BURNING. BURNING ; UPPER LIP ; IN UPPER LIP IN MORNING AFTER RISING ; WITH STICKING ; AS IF RAW.

Mouth : Teeth decayed, *worse* molars. Looseness of teeth, with bleeding gums. Brown mucus on teeth. Sticking, *worse* biting, *extending into ear, waking him at night.* Tearing pain, *worse* cold water. BORING AND THROBBING ; *as with a hot iron,* Aching from slightest draught of air ; DRAWING PAIN ; *in open air ;* in molars, *worse* inhaling cold air. Aching, with pain in submaxillary glands ; with swelling of cheek.

Gum : *Swelling about old stumps. Swelling, with throbbing pain, with sensitiveness. Painful abscess. Bleeding ; on spitting.*

Tongue : COATED ; white in morning ; dirty yellow ; with dryness and burning. *Red, with white papillæ like fungi ; redness of root towards evening, with swelling and pain as from pressure ; speech obstructed. Hard elevation on right anterior border, and shooting in it on moving tongue. Salt mucus stick to tongue every morning. Shooting in tip in morning. Biting as from blister. DRYNESS, in morning, and in palate. Burning pain.*

SALIVATION. *Salt saliva. Bloody saliva, forenoon ; in afternoon ; in evening.*

Taste : PASTY IN MORNING. Doughy. *Inspid, in forenoon ; with loss of appetite. Metallic, Coppery ; in morning on waking. Of sulphur. Taste too salt to all food ; or, as if food were not salted though really very salt. BITTER BILIOUS WHEN FASTING, THOUGH FOOD HAS A GOOD TASTE. BITTER IN MORNING ON WAKING. Bitter after eating. VINEGARY ALL DAY ; AFTER DRINKING MILK. SOUR, IN MORNING ; TILL AFTER BREAKFAST ; after drinking milk, WITH SOUR ERUCTATIONS. Offensive sweetish taste ; in forenoon, causing nausea.*

Breath : *sour ; bad ; after dinner , when coughing.*

Throat : Mucus in throat. Irritation in trachea. STITCHES ON SWALLOWING (Hep. s.; Nit. ac.). "HAWKING, WITH CLEARING OF IT AND SCRAPING (Nit. ac.). "Tonsilitis." *Choking, with soreness as if tonsils were swollen, with stitches extending into*

ears on swallowing. Pain on swallowing ; as from swelling of palate on swallowing. Soreness on empty swallowing as if she swallowed meat or as from elongation of uvula.

“Catarrh of the pharynx.” *Spasmodic contraction at middle of pharynx, food will not go down. Contraction of pharynx. Globus hystericus. A hard ball seems to rise and close the pharynx and take away the breath. Rawness. Roughness of throat ; of fauces and uvula ; of pharynx. Irritation in morning, with hoarseness. Scraping, and irritation to cough.*

Feeling as of a fatty exhalation from stomach. Rancidity like heartburn on swallowing, *worse pressure upon trachea. BURNING : in fauces ; in pharynx, with sour eructation. Dryness, with burning on swallowing and hoarseness ; exciting cough.*

Stomach : INCREASED appetite, *at noon. RAVENOUS (Calc. c. ; China ; Cina ; Iod. ; Lyc. ; Verat. a.) ; IF HE DOES NOT EAT : HEADACHE, LASSITUDE, and NECESSITY TO LIE DOWN. “Weakness and faintness at 11 A. M., with need to eat.” Irresistible desire for sugar. Stomach feels overloaded after a little food. APPETITE LOST, AS SOON AS HE SEES FOOD, AND HE FEELS FULL IN ABDOMEN AND AVERSION TO EAT WHEN HE BEGINS TO EAT (Lyc.). Smoking tobacco is not relished.*

Aversion : To food, especially to supper : to sour and sweet things ; to meat, it makes her qualmish ; sudden aversion to sweets, milk.

Eructations : From milk, till vomiting of mucus. EMPTY ERUCTATIONS (Puls.; Phos.; Sep.); AFTER EATING (Phos.); *after dinner* ; with taste of dinner ; SOUR ; DURING THE DAY ; *after eating*. Eructations. *tasting of bad eggs* ; smelling of sulphuretted hydrogen ; in evening. Bitter ; rancid, of food ; of milk ; in evening ; of food taken at noon. Hiccough ; in morning fasting ; about-noon, with fulness in stomach ; in evening in bed ; on going into open air after eating. Eructations, ineffectual on going to bed.

Waterbrash in morning on rinsing mouth and hawking up mucus, with retching and discharge of water from stomach.

NAUSEA : Every morning ; during the day ; *meal-time* ; *in evening, during stool*. Vomiting, when coughing ; as soon as she eats or drinks ; with sweat. *Vomiting of food in morning*, with trembling of hands and feet ; *in evening, of food eaten at noon* ; of a salt liquid as clear as water ; sour ; frequent, of sour, colorless, watery liquid from 4 till 6 P. M., with faintness.

Stitches, in pit of the stomach in morning on standing ; in cardiac region in evening ; *in pit on deep breathing*. Cutting in afternoon. Cramps, at night. Clawing in morning on walking. Gripping in epigastric region, extending downwards.

Pain in region of stomach ; at night, better eructations ; IN PIT DURING MENSES. *Anxious pain in pit at night, with palpitation*,

Distress from milk, it is vomited curdled. Dyspepsia from carbonaceous food, especially from milk." Loss of digestive power. Heartburn all day.

• It would be thought of in "Seasickness, vomiting of pregnancy, chronic catarrh of the stomach."

Abdomen : DISTENTION (Lyc.), *in morning ; in morning in bed, better emission of flatus ; between 10 and 11 P. M., with emission of flatus smelling like sulphuretted hydrogen, also at night ; with tympanitis ; with bearing down towards anus, and tickling there. RUMBLING, all day ; at night, with griping ; with diarrhœa, then watery stool every half hour. GRIPING : BEFORE AND DURING STOOL ; AFTER STOOL (Alœ). Pinching. Pain before every stool.*

BRUISED PAIN IN MUSCLES ON TOUCH. *Clothes press upon abdomen.*

Hypochondria : Pain extending over sacrum into coccyx and feeling as if everything would come out at anus. *Soreness on touch in morning : in evening.* Derangement of liver. BILE INCREASED (Alœ.; Podo.; etc.). Jaundice. Liver seemed swollen, which hindered breathing. Action of liver impaired, with bilious vomiting and diarrhœa.

Pain in splenic region. *Shooting.* Incarceration of flatus, with anxiety. Pain in sides of abdomen ; *in right flank, taking away the breath.* Umbilical region : GRIPING beneath umbilicus, *with frequent diarrhœa and with burning and tenesmus in anus.* GRIPING EXTENDING TOWARDS STOMACH IN AFTER-NOON AND EVENING, *better EMISION OF FLATUS.*

Pain across umbilicus, preventing sleep. TENSION, in a circle about umbilicus, with drawing. CUTTING IN MORNING, WITH THIN STOOL. GRIPING DURING MENSES, WITH PAIN IN SMALL OF BACK AND GENERAL CHILLINESS,

“Engorgement of the liver, with piles, constipation, bad taste, feeling of fulness, with soreness over the stomach and abdomen. Incarcerated flatulence in left side, and constipation. Colic, with hæmorrhoids. Abdominal dropsy. *In abdominal complaints Sulphur follows well after Nux.* Peritonitis. Colitis, with sores along the transverse colon, *worse* bending forward. Heavy weight and dragging in the hypogastric region, has to stoop over when walking.”

THE COSTIPATION calling for Sulphur is usually a chronic condition, with frequent and ineffectual desire for stool (Anac.; Caust.; Con.; Hep. s.; Nux v.; Sil.); the abortive attempt or scanty and unsatisfactory result is, in the words of DUNHAM, “not because of inaction of rectum, but because we have congestion, irritation of the muscular fibre and irregular inharmonious action.” Constipation along with sluggish liver. hæmorrhoids, soreness and burning at anus ; headache, with a feeling of weight and heat on the vertex. It is very useful in constipation with the attendant dryness and hyperæsthesia of the rectum *that has been caused by the constant use of water enemata* ; Sulphur will rectify these troubles, but we will require some

other remedy to cure the original constipation for which the enemata were first resorted to.

Rectum : Prolapsus during stool. *Gurgling*. STICKING IN RECTUM (Nit. ac.); *worse* EVENING ; TAKING AWAY THE BREATH ; jerking, in evening. CUTTING DURING NORMAL STOOL. *Throbbing pain all day after stool*. *Burning pain during hard stool, and in anus* (Aloe ; Nit. ac.). CRAWLING IN EVENING WHEN SITTING, WITH BITING AS FROM WORMS. ITCHING. *Worms*.

STRAINING AT STOOL ; BEFORE AND AFTER STOOL. FULNESS. SENSATION AFTER STOOL AS IF SOMETHING REMAINED. PRESSURE, DURING SOFT STOOL ; *and on bladder*. TENESMUS ; IN MORNING AFTER WAKING, THEN A COPIOUS FLUID STOOL ; *after stool, she cannot sit down on account of pain in anus*. Diarrhœa ; after midnight : painless *Urging, even in bed, then diarrhœa* ; DRIVING OUT OF BED EARLY IN THE MORNING (Aloe ; Psor.), as if bowels were too weak to retain their contents. CONSTANT URGING AT NIGHT, CANNOT LIE NOR SIT ON ACCOUNT OF STICKING AND SORE PAIN IN ANUS, IT SEEMS AS IF EVERYTHING HAD BEEN PRESSED OUT, *worse* RETRACTING ANUS, WITH PAIN. *Constant urging to stool and to urinate, with discharge of a few drops of blood after urinating, sticking in urethra, apprehension and discomfort*. INEFFECTUAL URGING ; FREQUENT ; with dryness in rectum ; with burning and itching in anus, extrusion of hæmorrhoids, hard stool ; then shooting in rectum.

Anus : HÆMORRHOIDS (Æsc. h. ; Aloe ; Puls.) ; MOIST, *even after natural stool* ; INCREASED CONGESTION OF HÆMORRHOIDAL VESSELS (Aloe) ; *with*

sticking ; with burning pain on walking and touch, worse stool. Moist pimples, with smarting and sticking, when walking and sitting. Red, inflamed, and covered with red veins, with burning during stool. Swelling, with burning itching. Discharge of liquid, then fæces at night in sleep. Discharge of moisture, with sore feeling and itching around it ; of viscid fluid, causing soreness ; of blood. Discharge of thread-worms during stool. Aching, towards noon, when sitting, with straining. ITCHING AROUND IT (Æsc. h.) ; AT BORDER WITH SORE FEELING ; in morning ; in evening ; at night.

BURNING, *when sitting, with aching ; at noon, worse SITTING ; before, during and after stool ; AFTER A THIN STOOL ; AFTER A SOFT FORMED STOOL ; after a good stool ; after an insufficient stool.*

BEARING DOWN ; *in forenoon when sitting, with tenesmus ; at noon, worse sitting, better walking.*

PERINEUM : Constriction. Sore pain at raphe (suture). *Itching, with soft stool ; itching with shooting.*

[To continue.

DIGITALIS : ITS USE AND ABUSE*

H. C. WOODS, M. D.

Tama, Iowa

DIGITALIS, the purple foxglove, has been for the past 175 years the most valuable drug in the possession of the physician for use in the treatment of heart disease. It came into use as a heart remedy in 1776 when Wm. Withering learned of its efficacy in the treatment of dropsy from the "Old Woman of Shropshire."

In 1785 he published his memorable treatise, "Account of the Fox Glove," wherein he warned against the misuse of the drug, which was becoming evident at that early date of medical practice.

Burt, in his *Materia Medica*, says : "Through the cerebro-spinal system, digitalis has eleven special centers of action: Heart, Arteries, Vagi, Kidneys, Stomach and Colon, Liver, Sex Organs, Brain, Eyes, Cord and Temperature. The great central action of this remedy is upon the heart and arteries."

Dr. Willius of the Mayo Clinic says : "In spite of the many actions that have been ascribed to digitalis from time to time, the practical facts regarding its known effects on the diseased heart of man may be summarized briefly. In therapeutic doses digitalis has been known to increase the amplitude of ventricular contractions by its direct action on the cardiac muscle. Slowing of the heart

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occurs under certain conditions. particularly in auricular fibrillation, and conspicuously when the ventricular rate is rapid. Slowing occurs from stimulation of the vagus center in the medulla, from stimulation of the cardiac vagal endings, and from direct depressant action on the auriculo-ventricular conducting system. Slowing to some degree occurs when cardiac action is rhythmic, but usually not to the same degree as occurs when auricular fibrillation is present. The actions thus briefly stated summarize the actual facts. Other effects are either speculative or occur secondarily to improvement in cardiac function."

Blackwood says: "This agent in small doses causes the pulse to beat stronger, firmer and slower: as a result of this the arterial tension is increased, which is due to the contraction of the muscular walls of the arteries. Large doses act as an irritant to the gastro-intestinal tract, and induce nausea, vomiting and diarrhoea. The arterial tension is greatly increased while the pulse becomes markedly accelerated. Toxic doses produce a very rapid, irregular, soft, compressible pulse. The arterial tension is now lowered. Under these doses the respirations are slowed. The urine is increased, and with exception of urea and uric acid, the excretion of the solids is greatly augmented. Toxic symptoms are the result of its prolonged administration and its accumulative effect."

Bartlett has the best summing up of the uses of digitalis which I have been able to find. He says: "Digitalis has been studied carefully by

physicians and physiologists for 100 years, and after such a long period it cannot be said that any definite conclusion has been reached, other than that it is a remedy of great value. It is not surprising, therefore, to note the wide discrepancies in opinions as to dosage, preparation, and the particular cases to which it is adapted. All are agreed that in auricular fibrillation it is the remedy *par excellence*. In endeavoring to bring order out of all of this therapeutic chaos, let us dissect some details. First as to the dosage. There is no drug that is capable in the same dosage of producing identical effects in all individuals · in other words, all persons do not respond in the same way to the dose and the drug. We must prescribe entirely to secure the therapeutic effect, and the minimum dose to produce that effect, is the one we must use.

“In the treatment of auricular fibrillation, Eggleston and his followers have pleaded for enormous doses of digitalis to start with : say 75 to 100 minims at one dose, and then rest to observe the result. Observing the result is the rational part of the practice : the giving of the large initial dose appears to be irrational when physicians have been securing good result from much smaller amounts. The idea seems to be to saturate the patient with digitalis at once : and then continue the drug at the rate of say 25 minims daily to compensate for any that may be eliminated. This practice is mentioned here to be condemned except in certain rare instances where the smaller dosage has failed. As a method of choice it has no place.

The ordinary dosage as practiced by physicians generally, appears to be 5 minims of a standardized tincture 4 times daily. This dose, on the other hand, is too small when there is any real work to be done. Very few cases with broken compensation do well under 40 minims daily. We are speaking now of digitalis in its undisputed sphere, *viz.* : auricular fibrillation. The digitalis may be continued daily in moderate dosage for an indefinite period. I have kept patients on it on doses of 15 minims twice weekly for some years, and with good effects. In mitral regurgitation, digitalis is almost as efficient as it is in fibrillation. In mitral stenosis digitalis is useless untill dyspnea appears. In aortic regurgitation there appears to be no reason why digitalis should be prescribed.

"The principal form of digitalis now in use is the tincture of which many excellent standardized preparations are on the market. There is no longer any advantage in selecting fluid extracts, far free tinctures, powdered leaves or alkaloids."

Dr. Arthur Gordon said that there was no better preparation of digitalis than a good reliable tincture

Quoting again from Dr. Willius : "The tendency exists to administer digitalis on the mere mention of heart disease, when heart disease is but a suspicion, when the heart is normal, and in heart disease regardless of type of lesion or state of function. Such usage is a blatant admission of total lack of understanding of the actions of the drug and of heart disease. It is needless to say that the physician has no moral right to administer a drug unless

he is fully cognizant of its actions and the hazards that may accompany its use. The establishment of the diagnosis of heart disease frequently is considered the indication for administration of digitalis. Such a criterion is absolutely fallacious and without grounds. No method of treatment is attended by greater hazards than the indiscriminate administration of digitalis. When the physician recalls the known actions of digitalis and uses it accordingly, when its indication is clearly demonstrated, then and only then, will he prescribe it properly."

Digitalis in large doses, or in long-continued small doses, produces irregular heart action. Given in excessively large doses it produces symptoms which closely simulate auricular fibrillation. Physicians of all schools of practice unite in saying that in cases of auricular fibrillation, digitalis is the remedy par excellence.

To my way of thinking, the beneficial results in these cases are due to the fact that the remedy is acting according to the law of similars : that it is homœopathic to the case.

Bartlett says : "As to the homœopathicity of digitalis in heart diseases, differences of opinion will always prevail, each one deciding the question according to his preconceptions. Certain it is that digitalis is capable of producing all types of disturbance in the cardiac rhythm, and equally certain that it may be administered with good results in all of them, though giving much better results in auricular fibrillation than in any other.

"Years before Mackenzie published his memorable studies. Lilienthal stated that the more highly irregular the heart action, the better was digitalis indicated, and the more certain were good results to follow. Explanations presented have changed from time to time. If the drug produces a symptomatic similarity, it becomes homœopathic: the underlying explanation which provides for a therapeutic antagonism has no bearing on the proposition, because it is inconceivable that a cure can be effected without such antagonism. Fifty years ago, Farrington taught his students that while drugs were selected on the basis of Similia applied to symptoms and clinical phenomena, the cure itself was effected by antagonism."

In my own experience when I have prescribed digitalis for rapid heart action which was regular in rhythm, I got no beneficial action, but where the heart beat was irregular, the results were usually beneficial. At various times I have been called to attend a patient who was in a serious condition from auricular fibrillation, and in such cases I have frequently administered hypodermically 1 cc. of a reliable preparation of digitalis with really wonderfully fine results. In cases where digitalis is the indicated remedy, select the proper dosage and continue its administration for a long time in this proper, safe dosage, but do not digitalize your patient.

For some years it has been the popular procedure in many of our great clinics to put the patient to bed and fill him as full of digitalis as possible

without producing an immediate lethal result. This is done in cases where digitalis is not the indicated remedy, and in cases where there is no organic heart disease. You may be sure that the patient *will have heart disease* when he comes home and will never fully recover. I make this statement after many years of close observation of many cases who have undergone such mistreatment.

In conclusion I would say, if you have a case of heart disturbance either organic or functional, in which digitalis is evidently not the indicated remedy, try material doses of a tincture of crataegus prepared by a reliable pharmacy.

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HAHNEMANN'S FACTS AND FANCIES*

CLINTON ENOS, M.D., DENVER, COLO.

SIMILIA SIMILIBUS CURENTUR is as old as is the history of medicine. Hippocrates, who compiled all of the best medicine knowledge up to his time, recognized it as one method of treatment. This method has been ridiculed from the most ancient times up to the present day. One debunker of those ancient days wrote: "Take the hair, it is written, of the dog by which you are bitten."

* Read before the Colorado Homœopathic Medical Society, October 30, '41.

Through the years up to the time of Hahnemann, *Similia Similibus Curentur* did not gain much headway. This was due to a lack of knowledge as to how remedies act. The ancients knew which remedies produced nausea and vomiting ; which produced catharsis ; which produced mental disturbances, etc. Accurate knowledge of what symptoms medicine produced on the healthy human being was lacking. We are all familiar with events that started Hahnemann to prove what symptoms *China* produces when taken by a healthy person. That was the first thorough testing out of what symptoms a remedy produced upon a human being. This opened up a wonderful new field for investigation. He started taking different remedies and giving them to others and recording both the objective and subjective symptoms produced by the different remedies. He proved the action of a hundred different remedies.

He paved the way for some of the more recent therapeutic applications. Here are two of them. In the proving of *China* he records this symptoms : "Violent palpitation of the heart with slow pulse and cold skin." This symptoms is similar to what is now known as auricular fibrillation. An active principle of *China* is now used to treat this disease. In the *Iodine* proving there is a perfect picture of tonic goiter. Nowadays we know what "imbalance" of *Iodine* plays in the pathology of goiter. There doubtless are many other recorded provings that if properly understood would result in therapeutic measures equal to the above examples.

In the developing his ideas of disease, Hahnemann revived the Vital Force theory. This is an unfortunate word. It is supposed to be the name of "something" of which nobody knows anything. Words cannot accurately describe something of which we were entirely ignorant. Hippocrates tried to describe this, but could not. Carel says "We are made up of an unknowable reality." This is Hahnemann's description of the vital force: "In the healthy condition of man, the spritual vital force (autocracy), the dynamis that animates the natural body (organism) rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensation and function, so that our indwelling, reason-gifted mind can fully employ this living instrument for the higher pursose of our existence * * . The material organism, without the vital force, is capable of no sensation no function, no self preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (vital principle) which animates the material organism in health and disease."

As a result of his reasoning as above, Hahnemann has this deduction: "When a person falls ill, it is only this spiritual self-acting (autocratic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbidic agent inimical to life; it is only the vital principle, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to an irregular process

which we call disease * * * ." This does not mean that the vital force is sick. It is essential that we get Hahnemann's idea of disease in order to understand his subsequent teachings. He mentions time and again that it is a "miasm" that deranges the functions of the patient. This "miasm" comes from outside of the body and produces symptoms in the patient, caused by that "something" he called the vital force, trying to "throw out" the infection. Carrel says : "Illness expresses the adaptation of the organism to a pathogenic agent, or its passive destruction by this agent."

When it comes to how a similar remedy cures, Hahnemann puts forth the theory that the remedy given produces a drug disease similar to the natural one, and that it "neutralizes" the disease, and then the drug disease soon runs its course, and then the patient is well. This explanation may be poetic, but it is not exactly true. Even Hahnemann doubts his explanation. In writing of "cure" he says : "It matters little what may be the scientific explanation of *how it takes place* ; and I do not attach much importance to the attempts made to explain it."

How a remedy cures is not definitely known. With our present knowledge, one perhaps may say the remedy cures by producing an antitoxin, or an antibody, or an opsome, or by some as yet unexplained process. The remedy as stated above produces a substance that destroys the bacteria, the toxin, etc. Homœopaths have cured diphtheria long before antitoxin was known. The only way

the homœopathic remedy could possibly cure was by stimulating nature to produce the antitoxin.

The method of treating disease in order to produce a substance to "neutralize" the toxic symptoms of the disease is very common these days. Witness the use of similar remedies to treat hay fever, allergy, etc.; also the use of vaccines, serums, etc.

An exact strain of streptococcus that produces symptoms similar to scarlet fever is now used to cure that disease. Our drug houses are exploiting an extract of poison ivy leaves for the cure of rhus tox. poison. This is a sort of the hair of the dog treatment. All these methods of treatment are based on the plan of treatment of *similia similibus curentur* and not on *contraria curentur*. A remedy that produces a disease and which also cures that disease is surely a *similar* and not a *contraria*. No one can deny that. Some members of the old school have broken into the rear window of *similia*, but they do not recognize or at least do not acknowledge that they are in the domicile of homœopathy. As the old school develops more of this method of treatment, someone in the future will be brave enough to enter the front door of the temple of *similia*.

In times past homœopaths were denounced on account of small doses. It was believed that there was none of the remedy in the solution. Nowadays scientists can subdivide an element to such a small degree that it would turn the average low potency homœopath green with envy. In our school days

we were taught that an atom is the smallest indivisible particle of matter. Nowadays they smash an atom into fragments and the end is not yet. The only use of the small dose is to avoid a violent reaction as is sometimes caused when a too large dose is given. Hahnemann experimented with all degrees of dilution, and arrived at the conclusion that the smallest dose that would cure was the best to use for the patient. There is no fixed rule to govern the size of the dose. Our potencies are absolutely useless unless the symptoms of drug action are fitted to the symptoms of the disease. In these days many patients are killed by the new powerful medicines. Some of the remedies have been abandoned because of the fatal results, and others have been modified in the hope that they may not kill so many patients. No one knows how these remedies act on the healthy person. All we know is from the post-mortems of those who have been killed by these drugs. These remedies are prescribed for the name of a disease or more generally for the names of many diseases. There is no individualation of the patient's symptoms after the method established by Hahnemann, nor is it known what symptoms the remedy produces in the healthy. We do know, however, that some of these drugs produce a powerful "hangover."

Among other remedies that have cured eczema are *Arsenicum* and *Sulphur*. These remedies are not the same in their actions, but they cure varieties of the same disease. By proving on the healthy, certain symptoms are brought out that serve to

differentiate the one drug from the other. No one disease is always the same. There are variations in the symptoms; hence the remedy must be moulded to the symptoms. When we prescribe a disease or diseases without regard to its suitability as established by provings on the healthy, we are simply making guinea pigs of our patients. Hahnemann was not foolish enough to do that.

Hahnemann later in his life classified diseases into acute and chronic. In his earlier years he made no such distinction. He classed them all alike, but he found out later that some of his cures did not stay cured. From the years 1816 to 1827, he devoted eleven years to intensive study of diseases in order to find out why some diseases did not stay cured and that others were not cured by the ordinary short acting remedies. He was a careful and accurate observer. He said he devoted these years to "increasing meditation, indefatigable research, careful observations and the most accurate experiments *to discover all ailments and symptoms inherent in the unknown primitive malady.*" This primitive disease evidently owes its existence to some "miasm." He taught that there are three chronic miasms. The first one is syphilis, which everyone acknowledges is a chronic disease. The second one is gonorrhœa. This was at a time when this disease was thought to be of no more consequence than a cold in the nose. Nowadays we know its disabling effects. Laboratory tests of this disease are positive in these chronic gonorrhœal patients. That surely was an accurate observation on Hahnemann's part.

These diseases are chronic from the first day of the infection.

Hahnemann also observed that there was another chronic disease, differing from either syphilis or gonorrhœa. He recorded dozens of symptoms that he said were an indication of this third chronic disease. Hahnemann named this third chronic miasm "Psora" or the "Itch." Much confusion and severe criticism has resulted from the choice of these words. Again, unfortunately, we do not have a name to describe what this chronic disease really is. He taught that almost all of this chronic disease, in his day, came from suppressed itch. In fact he quoted from old school authority ninety-seven examples of chronic diseases that resulted from suppression of the itch. This, however, does not prove that all of this third chronic disease comes from this cause.

Constantine Hering wrote: "The shallow opponents of Homœopathy and we never had any other—pounced upon the theory of the psoric miasm with the view of attacking it with their hollow and unmeaning sarcasms. Making *Psora* to be identical with the itch, they seemingly pretended that according to Hahnemann's doctrine that the itch was the primitive evil and that the doctrine was akin to the doctrine of the original sin recognized by the Christian faith."

It is high time that we get the idea out of our heads that all of the third chronic disease is due to suppressed itch. *It may come from suppression*

of the symptoms of any acute infection. We recognize that in acute infections the disease runs a definite course. If the symptoms are suppressed or the course of the disease is interfered with, the patient is not doing well. The third chronic disease comes from suppressed symptoms of acute disease, and if the course of the disease is interfered with the patient is not doing well. We are constantly suppressing the natural course of disease by various remedies in order to impress our patients with our superior knowledge that we can make symptoms disappear, regardless of the cause that produced the suffering. The disease is often "driven in." This chronic disease is simply a struggle of the system trying to "throw out" the suppressed symptoms of the "miasm." Some of the old school are unwittingly coming around to Hahnemann's teachings. They say that pain is the fire alarm of danger, but stopping the alarm does not put out the fire.

What we call chronic disease Hahnemann called the *result* of chronic disease. Apoplexy, angina pectoris, an abscess at a tooth root, etc., are the results of a long process of chronic symptoms that he said lead up to the terminal result. Extracting an abscessed tooth will relieve the symptoms caused by the presence of the pus at the root, but does not cure the *cause* of the pus. This is true of all our chronic diseases, as apoplexy, coronary disease, interstitial nephritis, etc. Our minds are so centered on the end results that we stop there. Anything farther

back is unknown territory. The truth does not register. Instead of Hahnemann's theory of chronic disease being a *horrid monster*, it is simply going back to the original cause. We sense what it is, but we cannot explain it.

Hahnemann recognizes that there may be a combination of any two or more of these chronic diseases; also that acute diseases may be added to one or more of these chronic diseases. When an acute disease is not cured but runs into a chronic stage, we may be sure that there are one or more of these three chronic diseases back of it as a host. Hahnemann, Hering and others warned us that a skin eruption appearing when we are treating a chronic patient does not necessarily mean that the disease is being "driven out." It may mean that an acute skin disease is grafted on the chronic patient.

Hahnemann had a wonderful knowledge of what symptoms constitute a chronic disease. It was not the work of a tyro. His knowledge has about become a *lost art*. What was as wonderful as his knowledge of chronic diseases was his immense knowledge of *materia medica*. He studied each symptom of chronic diseases, and selected the remedies that are similar and curative for these symptoms. Too much credit cannot be given Hahnemann for this intricate and accurate study of the symptoms of chronic diseases and the selection of remedies to cure these symptoms. This list he called the "antipsoric remedies." They are very deep acting, and are the ones to

cure these cases. They have stood the test of time.

In treating these chronics, Hahnemann, Hering and others have given us the indications that the patient is progressing in a curative manner. They said that pain is relieved from above downward; the most important symptoms are relieved first; and that diseases are cured in the reverse order of their coming; cures take place from within outward. If there is a combination of two or more of chronic diseases a remedy must be given to break up this combination, and the diseases are to be cured separately. All this is *terra incognita* to almost all homœopathic graduates. If we ever abandon the spirit of Hahnemann's teachings of *similia*, the homœopathic school is doomed to extinction.

One more fact in Hahnemann's teaching will be mentioned. In writing of the cholera epidemic in 1831 he promulgated his method of producing immunity to cholera. He said in substance: get used to the "miasm", which is probably minute animal organism, very gradually, first by standing at the door of a cholera patient's room, then going into open air, and then gradually approaching the patient. Thus one "works up" immunity against cholera. This was not the first effort to produce immunity. For a long time the method of overcoming epidemics of smallpox was to inoculate pus direct from a smallpox patient, but that treatment was too severe. More than thirty years before Hahnemann wrote of immunity

in cholera epidemics, Jenner introduced the vaccination method. Some physicians are silly enough to say that this is not in accord with *similia*. It certainly is not *contraria*.

Hahnemann said that when one becomes immune to cholera he may also carry the miasm on or in his person to infect other people. In other words, he became a disease carrier. Judging from the criticisms at that time of his ideas, the medical profession did not accept his views. We now know that Hahnemann was correct. All immunity is established in principle by this method. Pasteur by a very scientific method developed the treatment against rabies by this method or gradually getting used to the infection. Pasteur was only nine years old when Hahnemann wrote this about immunity. All of the immunization that is done today, and there is a great deal of it, is along the lines laid down by Hahnemann, and is done by using small doses of the "Miasm" and usually repeating the dose, and not by using massive doses as was the custom in innoculating against smallpox.

These are some of the "facts" and "fancies" of Hahnemann. No effort has been made to substantiate theories. Only such statements have been used as would help to get his ideas across to us.

Hahnemann was the first to prove the action of remedies on healthy persons. He also, by an arduous task, separated the acute remedies from the deep acting ones.

He understood immunity. He also established the fact that so-called healthy persons may be disease carriers and infect healthy persons.

He was correct in his statement of the chronicity of syphilis and gonorrhœa long before the medical profession accepted his ideas that gonorrhœa is a chronic disease.

Hahnemann's "fancy", if it may be called that, in describing the third chronic disease has much merit in it. It seems strange that, with all the thousand and one laboratory experiments that delve into the very minutest structure of the human body and into the "innerds" of all varieties of infection, our scientists cannot see anything but the *results* of disease. They cannot see the forest for the trees. Modern treatment is largely based on the relief of the *results of disease*. There are not now many general physicians or specialists who have the intricate medical knowledge that Hahnemann had. In these strenuous days when almost everyone become a so-called specialist, and more often than otherwise *suppresses the results* of chronic diseases in a vain effort to cure the disease, it is refreshing to hear Carrel unconsciously confirming Hahnemann's teachings when he said "The more eminent the specialist, the more dangerous he is."

If truth shall prevail, then in the distant future, perhaps too far distant for the good of suffering humanity, the teachings of Hahnemann will be accepted by the medical profession,

HAHNEMANN'S LIST OF SO-CALLED "ANTIPSORIC" REMEDIES

Agaricus.	Conium.	Muriatic acid.
Alumina.	Cuprum. met.	Natrum carb.
Ammonium carb.	Digitalis purp.	Natrum mur.
Ammonium mur.	Dulcamara.	Nitric acid.
Anacardium.	Euphorbium.	Petroleum.
Antimonium crud.	Graphites.	Phosphorus.
Arsenic.	Guaiacum.	Phosphoric acid.
Aurum met.	Hepar sulph.	Platina.
Baryta carb.	Iodine.	Sarsaparilla.
Borax.	Kali carb.	Sepia.
Calcareo carb.	Kali nit.	Silicea.
Carbo anim.	Lycopodium.	Stannum.
Carbo veg.	Magnesia carb.	Sulphur
Causticum.	Magnesia mur.	Sulphuric acid
Clematis.	Manganese.	Zincum.
Colocynth.	Mezereum.	

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Samuel Hahnemann : The organon Materia Medica
Chronic Disease ; Lesser Writings.

Alexis Carrel : Man, the Unknown.

--The Hahnemannian Monthly
Vol. LXXVII., No 1.

-- O --

INDEX INDICATORS.

(Continued from page 237.)

- HERPES, Bleeding : Dulc.; Lyc.
 „ Brown, yellow-brown : Dulc.; Lyc.
 „ with rhagades : Graph.; Lyc.; Magn. ac.
 Nat. mur.
 „ DRY : Amm. c.; Clem.; Dolich.; Dulc.;
 Kali hyd; Kreas.; LED.; Merc. Sol.; Nicc.
 c.; Nitr. ac.; Phos.; Phos. ac.; Rhus t.;
 Staph.; Sulph.; Taxus ; Thuja ; Verat. a.

- HERPES**, alternating with dysenteric stools and pains in the chest : Rhus tox.
- „ **FURFURACEOUS** : ARS.; Bry.; Dulc.; Kreas.; Led.; Lyc.; *Merc. sol.*; *Phos.*; Sulph.
- „ **Grayish-yellow** : Sulph.
- „ **HUMMID** : Alum.; Amm. c.; Baryt. c.; Bov.: CALC. c.; Caps.; Carbo veg.; CAUST.; Cic.: Clem.; Con.; DULC.; GRAPH.; Grat.; Hell.; Hep.; KREAS.: Led.; LYC.; MERC. SOL.; Mez.; Nat. c.; Nat. m.; Oleand.; PHOS. AC.; Rhus t.; Sep.; *Sil.*; SULPH.; Syphil.
- „ **INFLAMED** : Amm. c.; Graph.
- „ **MERCURIAL** : Aur. met.; Mosch.; Nit. ac.
- „ **PALE RED** : Clem.; Dulc.
- „ with pustules : Crot tig.; Kreas.
- „ **RAISED** : Magn. c.; Merc. s.; Tellur.
- „ **RED** : Amm. c.; Ars.; Clem.; Dulc.; Kreas.; *Lach.*; Magn. c.; Mag. sulph.; Oleand.; Sulph.; Taxus.; Tellur.
- „ with red areola, sensitive to cold water and touch : Dulc.
- „ **ROUND** : Dulc.; Hell.; Phos.
- „ **SCURFY, SCALY, SCABY** : Anac.; Ars.; Bov.; CALC. c.; Cic.; *Clem.*; Coloc.; *Con.*; Cupr. met.; *Dulc.*; Graph.; Kreas.; *Lach.*; Led.; *Lyc.*; Mgn. c.; MERC. SOL.; Nat. m.; Phos.; Sep.; Staph.; *Sulph.*; Teucr.; Thuja.
- „ **SMALL and SMOOTH** : Dulc.; *Lach.*; Mag. c.; Mag. sulph.
- „ **SPREADING** : Alum.; Caps.; Dulc. MERC. SOL.

- HERPES, SUPPRESSED : Alum.; Ambr.; *Calc. c.*; *Lach*;
Lyc.; Nat. c.; Sep.; Sulph.
- „ SUPPURATING : Clem.; Dulc.; Lyc.; Merc. sol.;
 Nat. c.
- „ SYPHILITIC : Mosch.; Nit. ac ; Thuja.
- „ with vesicles : Crot. tig ; Nit. ac ; Sulph.;
- „ WHITISH : Anac.; Thuja.; Zinc.; met.;
- „ YELLOW : Carburetum sulph.; Cup. m.;
Dulc.; Hell.; Lyc.; Sulph.
- „ with yellow-brown scales : Carbur. sulph.;
 Cup. m.; Dulc,
- „ PHLYCTENOIDES, on dorsum of left hand ;
 vesicles on red swollen base, containing
 opaque yellow fluid, which forms thick
 yellow scabs : Carbur. sulph.
- „ with small white vesicles in groups, forming
 scab over whole face, especially above
 nose and around eyes : Sulph.
- „ CIRCINATUS ; Red, elevated rings, distinctly
 marked, especially on lower extremities :
 Tellur.
- „ with thick crusts : Clem.; Lyc.; Sulph.
- „ red and humid while moon increases, and
 pale and dry while it decreases : Clem.
- „ CORRODING : Caps.; Clem.; Grat.; Nat. m.
- „ in spots : Crotal. hor.; Graph.; Hyosc.; Lyc.;
 MERC SOL.; Mur. ac.; Nat. m.; Phos.; Sabad.;
 Sarsa ; SEP.; Sil.; Sulph.; Zinc. met.
- „ on head : Baryt. c.; Cupr. met.; Kali c.;
 Petr.; Rhus t.
- „ on eyelids : Bry.; Rhus t.; Sep.
- „ in external canthus of *left* eye : Taxus.

- HERPES, on ears : Amm. mur.; Caust.; Cist.; Graph.;
Kreas.; Mag. mur.; *Oleand.*; *Sep.*; Teucr.
- „ behind ears : Amm. mur.; Graph.; Mez;
Oleand. Sep.;
- „ on nose : Nat. c.; Nit. ac.; Spig.
- „ on face : Alum; *Amm. c.*; Anac.; Ars.;
Baryt. c.; Bov.; Bry.; Calc. c.; Caps; *Carbo*
veg.; Caust.; Chelid.; Coloc.; Con.; Dulc.;
Graph.; Hep.; Kali hyd.; Kreas.; Nit. ac.;
Petr.; Phos.; Phos. ac.; RHUS T.; Sabad;
Sep.; Sil.; Sulph.

[To continue.

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RELATA REFERO.

An astonishing case of a Caesarean operation on a baby girl, now aged six weeks, has just been revealed. At the age of two weeks the baby was taken to the Coventry and Warwickshire Hospital, where X-ray examination revealed the cause of the infant's greatly enlarged abdomen to be another child in a five months' stage of development. British medical records show only two similar cases, the most recent being in 1814. The operation was successful. The semi-developed baby, weighing 2 lb., was removed, but was

incapable of a separate existence. The first baby is now in good health and in normal condition.

* * *

VON NOORDEN says (in his *Metabolism and Practical Medicine*). "Vegetable foods are generally richer in calcium than are flesh foods. Of the animal foods, eggs and milk are particularly rich in calcium, for the growing animal requires this element for the formation of bone; flesh, on the other hand, is low in its calcium content. Calcium salts also occur in drinking water, but in fluctuating amount."

* * *

One of the *Aphorisms* of HIPPOCRATES says, "Persons in good health quickly lose their strength by taking purgative medicines, or using bad food."

* * *

The great medical authority SIR JAMES MACKENZIE says, "For the intelligent practice of medicine and the understanding of disease the simplification of medicine is necessary." Is there a greater and more rational simplification of medicine than HAHNEMANN'S Homœopathy?

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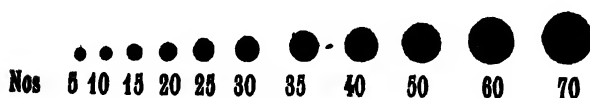


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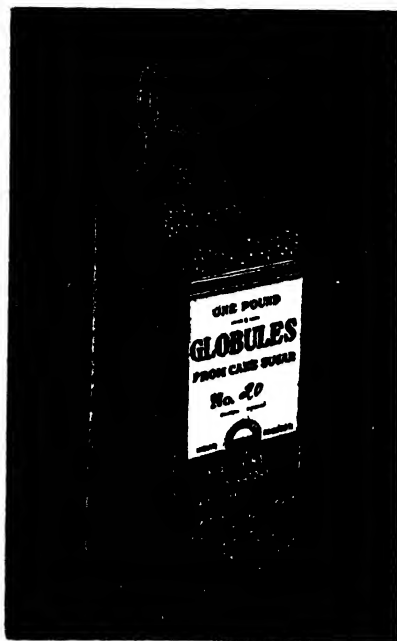
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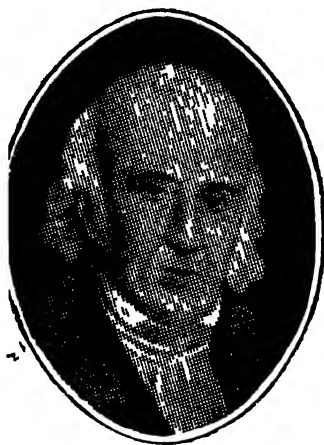
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THE HOMŒOPATHIC HERALD.

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Editorial

THE TIMID AND SLOTHFUL INVITE DENIAL.

The other day Dr. B. C. Roy, organiser of the Congress Medical Mission, informed the Press that owing to the present unsettled condition now prevailing in the country as also for want of adequate funds the work of the Mission at Goalundo-ghat had to be abandoned, although sick evacuees from Burma are still coming.

The Congress having been declared an illegal body it naturally follows that all organizations under its aegis must go defunct or otherwise court wrath of law. Howbeit, there is no medical relief centre now at Goalundo to give relief to the sick evacuees from Burma who may be still coming.

Homœopathy in Bengal has been putting forth its claim to all sorts of privileges, recognition, Faculty and what not, and fretting over the procrastination ever so conspicuous with Government departments in implementing measures that do not readily enlist their grace. Homœopathy has ever

been the *Duo Ranee* (the disfavoured wife) of the Government. But, beside having gained confidence and recognition of the public for its own merit, have the practitioners of Homœopathy yet established any tangible and abiding institution or work of public utility that may compel the respect and favour of the Government? Adventitiously or for favour of Fortune or for deserving merit a few practitioners succeed in amassing huge sums of money by practising Homœopathy and then only to bequeath their great harvest of wealth to their heirs to live in sweet idleness or in prodigality. It is their wealth and not their sacrifice for Homœopathy that raise them to the ranks of Homœopathic hierarchy.

Now here is an opportunity that seldom repeats itself. The Congress Medical Mission has closed down for want of funds (allopathic system of treatment is prohibitively expensive for all time), and there is no proposal for any other relief centre being opened at Goalundo ghat to replace the Congress Medical Mission. Why should not the devotees of Homœopathy immediately confer and send a Medical Mission to Goalundo ghat to minister to the medical needs of the evacuees from Burma? Funds? This system of treatment can be worked with quite an humble aggregate of funds that should also serve as an eye-opener to the power that be.

Calcutta itself is studded with Homœopathic pharmacies and dispensaries. If according to their size and the volume of business done by each we

classify them for purposes of begging contribution we may divide them into three categories and obtain medicines to the value of Rs. 50/- from each of those in Class I., Rs. 25/- from each of those in Class II. and Rs. 15/- from each of those in Class III. The stock of medicines thus obtained should easily cover requirements for more than twelve months. As for the supply of First Aid dressings, we hope and trust that these may also be collected from the manufacturers of such articles.

Let the practitioners now shed their sloth, lay aside their grievance against 'circumlocution office' and gird up their loins for asserting themselves and proving the worth of Homœopathy.

—o—

SULPHUR.

(Contd. from p. 312.)

Stool : CONSTIPATION, AT TIMES. *Knotty*, in morning ; *but not hard : mixed with mucus*. SCANTY. AND UNSATISFACTORY. Difficult ; *on rising, had to strain long, with aching in small of back*. Stool covered with mucus, and slipped out quickly. HARD ; AND DIFFICULT. ONLY EVERY 2, 3 or four days. Diarrhœa alternating with constipation.

TOUGH, GLUEY, FETID, SO URGENT THAT SOME ESCAPED PREMATURELY, YET NOT DIARRHŒA, AFTER GETTING UP ;

a similar stool two hours later. SLIMY. Bloody in evening. Light colored. Sour smelling. Contained undigested food. Copious, and frequent. Rapid ; and almost involuntary. Half fluid, half lumps, mixed with gas and noisy flatus, in morning, afternoon and evening. SEMI-FLUID AND FREQUENT.

DIARRHŒA, *in morning on rising ; DRIVING ONE OUT OF BED, NO PAIN ; copious ; fetid. HERING says : "The smell of the stool follows him around as if he had soiled himself." Involuntary diarrhœa during emission of flatus (Aloe). Involuntary and bilious, sensation as if wind would pass. Frequent diarrhœa, during the day, with griping, with burning in anus ; and frothy, even at night, with tenesmus. Sometimes painless. Green, watery, leaving a pale green stain on the diaper. White, slimy mucus ; and yellow, mucous ; BLOODY IN STREAKS. Expulsion sudden and often involuntary. Its colic is better sitting bent and by dry heat.*

SOFT AND FREQUENT IN MORNING ; solid, soft, copious ; fetid. PAPPY YELLOWISH-GREEN, COPIOUS. FETID IN MORNING. *then feeling of perfect health.*

Sulphur is particularly indicated in diarrhœa *worse in the morning ; early in bed ; after midnight ; after taking cold ; in damp weather ; after taking milk ; after acids. In children : dentition : after suppressed eruption. After ale or beer. From artificial food. During sleep. During pregnancy. Its colic is worse after eating and drinking.*

During stool : *tenesmus. Prolapsus ani. Cramps in legs. Burning in anus. After stool : the*

tenesmus and burning in anus continue ; THE CHILD FALLS ASLEEP AS SOON AS THE TENESMUS CEASES. The stool being corrosive we find *excoriation about the anus*. Cold perspiration on the face and feet. Pressure in rectum. *I'rolapsus ani*.

“Dysentery, subacute, with burning, tenesmus, not violent, but persistent.”

BELL says : “The early morning diarrhœa is very characteristic. It is especially useful in dysentery after ACONITE has removed the acute symptoms, when the tenesmus has ceased, but blood is still discharged.”

THE SULPHUR-CHILD is cross, obstinate, has *open fontanelles* ; *pale face* or *sallow*, and covered with cold sweat ; blue rings under the eyes ; *lips very red* ; tongue coated white, with red tip and borders, or brown, parched and cracked. Hungry, yet loses flesh. *Voracious appetite*. *Child grasps everything within reach and thrusts it into its mouth*. *Palms and soles burning hot*. Child kicks the clothes off at night. *Sleeping with eyes half-open*.

“Diarrhœa in great variety ; stools are generally thin, watery, sometimes mucous, white or green, sometimes with bloody streaks, sometimes undigested, generally very fetid ; nearly always *worse* early in morning in bed ; the necessity is urgent and frequently without pain.”

“In the chronic diarrhœa of scrofulous children we may find aversion to meat, tendency to stupor,

with cold sweat, generally disagreeable odor of the body, with aversion to washing."

"Valuable for habitual constipation, especially when the rectum is irritable and dry, frequently ineffectual desire for stool in rectum, with piles, soreness and burning at the anus, often with congestive headache, engorged liver, etc."

Urinary Organs : In bladder : *dragging in morning after urinating.* Pressure, soon after micturition, with sensation as if urine were retained by contraction of sphincter ; sensation as if too full, without call to urinate. "Catarrh of the bladder, burning micturition, urine contains mucus."

It is a valuable remedy in *chronic nephritis*. Bright's disease.

URGING AT NIGHT. *Constant desire, with scanty urine.* **FREQUENT URGING ; SUDDEN.** "Painful ineffectual efforts to urinate, with retention." Micturition : When emitting flatus ; *in thin stream ; in a weak stream ; intermittent ; by jerks.* **Dysuria.** **FREQUENT MICTURITION ; at night, and copious.** "Nocturnal enuresis." *Frequent micturition of watery urine, and much at a time.* **BURNING WHEN URINATING.**

Urethra : Inflammation of orifice. **STICKING IN FOREPART ;** *in morning on urinating ; with tearing ; with rigor.* Discharge of prostatic fluid ; in long threads after micturition and stool. *Pain as in the beginning of gonorrhœa.* *Constant urging to*

urinate. ITCHING IN MIDDLE OF URETHRA ; at mouth of urethra, as at beginning of gonorrhœa. Burning in forepart when not urinating. "Hæmaturia."
"Chronic gonorrhœa, with burning and smarting during micturition."

Urine ; *Copious, all day ; AT NIGHT ; after midnight ; and reddish ;* increase of water, urea, uric acids, mucus, inorganic salts and phosphates,* but diminution of solid constituents, organic salts and extractives. *Scanty, after eating and of the color of dark sherry (cloudy).*

TURBID ; *offensive ;* copious sediment. *Flatty pellicle.* Bloody, slimy. Increase of nitrogenous constituents. Sediment reddish ; white mealy.

Dysuria. Retention of urine. Urine excoriates the parts.

Male Sexual Organs : Tingling, and in testicles. Resistance to complete emission of semen. Gonorrhœa. Gleet. Phimosis.

Redness of glans and inner surface of prepuce, with sore feeling, burning and smarting ; pustules and pimples on glans. Fetid smegma causing burning and itching. *Chancere*

Penis stiff and hard like leather, its inner surface shining and secreting a thin offensive ichor. *Stitches in penis, in morning on urinating, worse glans. ITCHING. Erections at night, with vivid, not lascivious, dreams. Phimosis, with oozing of offensive mucus under prepuce. Redness and burning of prepuce, Prepuce retracted, and penis cold bluish. Cold, prepuce and glans.*

Scrotum : *Itching ; in morning on waking, and on inside of thighs ; about noon ; towards evening ; with sweat. Testicles : Hang down flabby. Testicle and scrotum relaxed in evening in bed. Pressure and tension in testicle and spermatic cords. Hydrocele. Varicocele. Effects of self-abuse.*

Sexual power weakened. Impotency, with amorous fancies. *Desire at night, for an emission, without erection ; DESIRE ALMOST LOST. Emission at night, with burning pain in urethra ; profuse, watery. Prostatorrhœa.*

Female Sexual Organs : Amenorrhœa. Dysmenorrhœa. Leucorrhœa. Disorders of menstruation. Miscarriage. Disorders of pregnancy. Sufferings of climaxis. Prolapse of uterus. *In antiversion (Lil. tig. ; Nux ; Sep.), the uterus pressing on the bladder, with aggravation on standing or walking, and frequent desire to urinate.*

Bearing down. Feeling of weakness. Itching, with papules about the pudenda. Itching on mons veneris, with moisture. "Pruritus of the vulva, with burning and stinging ; with miliary eruption, worse heat of bed." Vagina burning so that she could scarcely sit ; itching ; soreness during coition ; biting discharge. Itching of clitoris.

"Prolapsus uteri, with aching across sacrum, constipation. Various forms of uterine inflammations ; called for by general indications."

Leucorrhœa : *Profuse, causing soreness and burning pain. Thin in morning, after rising, preceded by*

gripping in abdomen. Almost daily bloody discharge from uterus for several weeks after return of long suppressed menses. "Leucorrhœa corrosive, yellow, menstrual flow corrosive (Kreos)."

Menstruation : *Too early* ; preceded by cutting downward in hypogastrium. TOO LATE (Nat. m.; Puls.; Sep.; Calc. ph.; Graph.; Kali c.; Lach.; Mag. c.; Sang.; Vib. op.); WITH CONSTIPATION AND DISTENDED ABDOMEN ; *with sickness and oppression*. PROFUSE, STOPPED IMMEDIATELY AFTER FLOWING TWO DAYS AND A HALF. Profuse and long-lasting ; with sour odor ; black, thick, acrid ; and black, clotted, sticky. Corrosive. Too early, profuse and protracted.

"Suppressed menstruation, with congestive headache, and cold feet. Scanty menstruation, with burning heat in hands and soles at night, weight on top of head, etc. Dysmenorrhœa, pains running from the groins to the back" Twitching in one breast, with swelling as if milk rushed into it. Sore nipples. Menorrhagia, has not been normal since her last miscarriage. "A single dose at new moon." (LIPPE).

Respiratory Organs : It is a valuable remedy in chest conditions. Larynx : Swollen gland on thyroid cartilage, with pain on touch. Painful thrust in larynx on coughing, *Drawing at times, with dryness*. "Aphonia." *Hoarseness* ; IN MORNING ; in forenoon, and speaking requires an effort ; *in evening*. Voice deep ; lost, "Laryngeal and bronchial catarrh, with attacks of suffocation." Rattling in bronchi,

with shooting in left lowest rib, towards back, worse breathing deeply.

Cough, *with shooting in chest; better open air, worse returning to the warm room. Cough, only at night, FROM RAWNESS IN LARYNX (Phosp.; Puls.); from roughness in throat; on going to sleep, with heat in head and eyes and cold hands; better expectoration.* "Cough is usually dry day and night, *worse lying down, especially at night.*" *Dry cough; in morning in bed, from irritation in trachea. IN EVENING BEFORE SLEEP, WORSE THAN DURING THE DAY. AT NIGHT WAKING HIM. Short cough in evening when sitting asleep. Dry short cough, with pain in sternum and sticking in chest.*

"Whooping cough." Sulphur is said to "kill" the disease if burned in the room or house.

Expectoration: Coughing up thick mucus, in morning, with sore pain in chest; at night, with soreness in trachea; jelly-like. Expectoration tasting like old catarrh; tasting of bloody saliva, with sweet taste in throat; of blood at night, with fatty, sweetish taste in mouth.

Respiration: *Arrested even when talking. DYSPNŒA, in evening in bed. Difficult respiration, at night when lying on back, with pressure and anxiety in chest, and general sweat. Deep breathing, shrill whistling on inspiration, on inspiration, worse ascending stairs. Threatenings of asthma. "Chronic asthma, with suffocative fits in the forepart of the night, and with burning in the chest."* In this condition there is often

found the necessity to have the windows and doors open in order to breathe.

Chest : Cracking in sternum on motion. A swollen gland on ensiform cartilage is painful to touch. Mucus, obliging hacking. Rattling at night ; rattling, *better* expectoration, with snoring.

STICKING IN LEFT SIDE ; *in sternum ; beneath sternum ; externally in right side ; in left pleura ; left side in afternoon, worse walking quickly and ascending stairs. In right side or in region of heart at night on motion, when lying on back ; in pectoral muscles on moving arms ; beneath right breast on coughing ;* IN LEFT ON BREATHING. Sticking in chest, EXTENDING TO BACK ; EXTENDING FROM RIGHT SIDE INTO SCAPULA ; *in left, extending towards heart, taking away the breath, with thirst ; in right chest, through stomach and pit of stomach. Cramp at times. Shattering when coughing, and in abdomen. Pain in sternum, so that he could scarcely bend forward, better holding himself upright ; pain, on moving arms ; pain in sternum, with oppression of breath. Bruised pain in upper part, on deep breathing, worse forenoon, better afternoon. Lungs feel as if resting against back when coughing.*

PRESSURE (Phos.), in morning *better* rising ; at 8 A. M., *so that he could hardly breath ; transversely across middle, as from swallowing too large a morsel. OPPRESSION, all day ; with strained pain. Constriction ; on deep breathing after rising ; on motion ; spasmodic, beneath sternum when sitting. Heaviness.*

ANXIETY (Phos.). *Sensation of mucus, after the raising of which the respiration was more free. Rush of blood ; in morning on waking.*

Weakness at night, worse getting into bed so that he cannot lie long on one side and is eager for the morning. WEAKNESS WHEN TALKING (Phos.; Stann.); *on reading aloud ; with difficulty in breathing.*

“Valuable in later stage of pneumonia, when the inflammatory process fails to resolve, the lung continues dull and the cough dry, the patient begins to have fever at night, hot hands and feet and hot head ; a few doses of Sulphur will then generally cause the cough to loosen and the hepatization to resolve. In hydrothorax it follows Bryonia well. In the earliest stage of tuberculosis, need of fresh air, feet and head hot, hand and feet burn at night, palpitation, atonic dyspepsia, with need to eat at 11 A. M., etc.” It should be especially thought of when the patient has a history of any psoric taint, and in the majority of cases there has been a history of a previous skin eruption that was treated by some local application.

Heart : *Rush of blood.* “It seems as though the blood rushed to the heart, causing a gasping and need of fresh air, heart feels too large. Sometimes useful in cardiac dropsies.”

PAIN IN PRÆCORDIAL REGION ; after dinner. Strange motion in præcordial region, Præcordial region : pain towards evening ; sensation as if it had not room enough ; hollow sensation.

PALPITATION : On lying down for midday nap ; at noon after a short walk, with trembling of hands ; in evening ; AT NIGHT IN BED ; at night on falling asleep ; with anxiety as if he would faint.

ANXIOUS palpitation ; *sudden beating in evening after turning in bed*. Increased pulsations in aorta, with purring noise. Irregular action. Pulsations diminished in number.

PULSE : **RAPID**, *in evening* ; and hard, full ; also small, soft. Feeble and intermittent. Pulsation in left carotid.

Neck : *Inflammation of a gland on nape close to hair, with itching*. Painful swelling anteriorly and externally. *Cracking in vertebræ* ; on bending head backward and pressing it upon the pillow ; *on bending head backward, with stiffness of nape*. *Sticking in nape on stooping*. Bruised pain and tension in nape and between scapulæ, which go to shoulder on moving the head. Drawing pain in right side ; in nape and scapulæ. Stiffness. Paralytic sprained pain in nape.

Back : Aching : at night, WITH BRUISED SENSATION IN SMALL OF BACK, PREVENTING SLEEP (*Rhus t.*) WITH ORGASM OF BLOOD ; *on stooping* ; worse motion, lasting till night, sprained, on a false step ; as after long stooping. Bruised feeling ; in single spot ; in muscles of spine. Stiffness ; now in back, now in hips. worse turning over in bed, forced to hold his breath.

Sticking beneath scapulæ, taking away the breath, and preventing stooping. Tension between scapulæ ; *when lying and moving* ; and on side of neck.

Lumber region : STITCHES, in bones on expiration ; transversely across ; pulsating. Pain, above lumber region ; after long stooping ; with hypo-

chondrial discomfort ; so that she could not stand erect ; pain across loins ; worse walking and standing ; worse turning in bed ; worse sitting down and rising up. BRUISED PAIN ; (*Rhus t.*) ; in coccyx ; worse touch. Tension, on stooping, extending over abdomen to pit of stomach and to knee in left sacral region and hip. Drawing pain ; with weakness. Lumbago. Sciatica.

"Spinal irritation, with suppression of the menses or hæmorrhoids, with dry heat ; also with weakness of the chest and stomach, and sleeplessness. Has been used for so-called congestions of the spinal cord." Hip-joint disease. Curvature of spine.

Extremities : Cracking in knees and elbows. Unsteadiness of joints. Trembling ; worse hands. Drawing, here and there ; in knees, arms and shoulders. Tension ; cramp-like, on moving, in muscles of various limbs. Weakness ; falling asleep of limbs on lying down.

"Synovitis, especially when there is considerable exudation, particularly in the knee. Rheumatic gout, especially beginning in the feet and extending upward, with burning heat in feet at night."

Upper Extremities : Swelling of axillary glands, purulent. Sticking beneath right axilla. Tearing in left, in afternoon when knitting or sewing.

Shoulder : Sticking on motion, extending into chest. Pain in right shoulder ; rheumatic : RHEUMATIC PAIN IN LEFT SHOULDER, as if dislocated in

joint, *worse* night when lying. *Drawing pain in shoulder in joint and arm. Weight on walking in open air.*

Arm : Cramp after midnight. TEARING IN RIGHT ARM, WITH PARALYSIS ; *in arms and hands, with drawing ; bruised pain.* Falling asleep of arm *worse* after work.

Upper arm : *Jerking in deltoid ; drawing in humeri after midnight. Weakness, Heaviness, in humerus ; with tension.*

Elbow : Pain on motion. *Painful drawing in nerves, extending to wrists.*

Forearm : Tearing in bones, sometimes *better.* pressure and motion. Aching boring in bones, with rigor.

Wrist : *Sprained pain, better* violent motion. Sensitiveness in morning, *worse* moving them, and in finger-joints. *Stiffness worse morning better* during the day. Weakness of the right wrist, which feeling of dislocation.

Hand : Swelling of veins. Hands swollen. Palms smelling of sulphur. *Tremulous sensation.* Anxiety, forced to grasp something. Falling asleep after immersing in water, with crawling.

Fingers : Swelling in morning. *Cramp in three middle fingers. STICKING IN TIPS (Petrol.) ; on flexor surface of right middle finger ; in tips at night ; tearing, above nail of left ring-finger worse evening* DRAWING PAIN IN SINGLE SHORT JERKS IN AFTERNOON. Numbness of fingers.

[To continue.

AGGRAVATION AFTER EATING

EUGENE UNDERHILL, JR., M.D.

Discomfort after eating is one of the most common symptoms met with in practice. When digestive dysfunction reaches the point where symptoms are referred directly to the gastrointestinal tract it is rare that the case clears up without dietetic correction or medical treatment or both combined.

Probably the most frequent form of aggravation after eating is that of fullness or distention resulting from the plain, unvarnished fact of having eaten too much. The simple cure for this is too obvious and too arduous for most people to undertake without orders from the doctor.

However, this same symptom of fullness after eating may arise from merely eating too fast. Insufficient mastication and insalivation, particularly of starchy foods, will cause symptoms unless the digestive function is approximately normal. Taking liberal amounts of liquids, especially ice cold beverages, at meals retards digestion and may cause heaviness or even pain after eating. The habitual overindulgence in iced beverages either with or between meals gradually produces chronic dilatation of the vascular system of the stomach and duodenum. The effect in this particular is not so unlike that of persistent alcoholic indulgence. The ice water habit also tends to increase the

adipose layers in the abdominal wall. All chronic perversions of appetite result in necessary compensatory changes no matter how unfortunate these in turn may become.

Excessive intake of liquids, hot or cold, including soups and broths as well as beverages of all kinds, may easily disturb the digestion and cause some kind of aggravation after eating. This fact has been repeatedly verified by simple correction of the diet from this one angle alone.

Cases of retarded digestion which do not respond satisfactorily to simple corrections of habit may require adherence to the rules of food compatibility (Hay system). This affords amazing relief in selected cases. Patients suffering from ulcer of the stomach often respond promptly and satisfactorily to this routine of eating. Sweets with meats and sugar with the acid fruits are combinations which will cause discomfort in many cases of impaired digestion. However, one of the biggest offenders is starchy foods. It requires a longer time to digest starch than any other type of food. Patients past middle life who are suffering from slow digestion and incomplete food metabolism may need a week's vacation or longer from all starch foods. The effect is often amazing.

If simple dietetic correction fails then the homœopathic remedy will probably be required. Some will say, why not prescribe the remedy in the first place and let the patient go ahead and eat? The answer is this: The right remedy will certainly turn the case and cure the disorder

but if faulty habits persist, the cause or at least a part of the cause is still operating and of what lasting value is a cure if the cause of a disordered or diseased state is allowed to persist? Why not stop the cause or causes when discovered, and if discoverable, and then cure the patient? He should then remain cured and if not he should know that it is nobody's fault but his own.

We have observed many cases which have remained well from one to several years and a number of these patients have admitted that they have slowly but surely slipped and have finally fallen back into their old habits of eating and living months before their old sufferings returned. It requires earnestness and enthusiasm to so live as to actually deserve good health.

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CLINICAL HOMŒOPATHIC THERAPEUTICS: ITS ORIGIN, HISTORY AND FUTURE OUTLOOK.

BENJAMIN C. WOODBURY, M.D.

It has always been our contention that homœopathy is Hahnemann; and Hahnemann is homœopath. Granted that this is true, we shall find our confirmation of this assumption in tracing the

clinical application of homœopathy in Hahnemann's early writings, and in tracing briefly its history and future outlook. We are all reasonably familiar with Hahnemann's experiences in the discovery of the Law of Healing, when in despair at the uncertain state of traditional therapeutics, he cried to the wise and beneficent God to show him some sure and certain method for the cure of his sick and suffering children. His answer is to be found in his famous *Letter Upon the Necessity of a Regeneration Medicine*; and from his reasoning we may infer that he was basing his conclusions upon his *Cinchona* experiment. In a word, the method of employing medicines *similia similibus* was the answer; and the satisfaction he was even then deriving from this mode of treatment, he informs us, he "*would not exchange for any of the most coveted earthly goods.*"

Yet, of the actual working of this Law of Healing, he tells us very little, in all his writings; and so far as the published records are concerned, we find, in the *Lesser Writings*, at least, merely the case of the "country girl", aged 14 years, who, after "sleeping in the sun" was possessed of the "frightful idea that she saw a wolf", and six days thereafter felt "as if she had received a great blow on the head", whereupon she "spoke irrationally; became as if mad; wept much; had sometimes difficulty in breathing: spat white mucus, could not tell any of her sensations." This patient, Julie M., who had not yet menstruated, got *Belladonna* 2 in weakened dynamization, in seven tablespoonfuls of water,

became "quieter", would "blow her nose", was still restless, etc. The remedy was evidently plussed, as some of the moderns now put it ; and she became more rational, showed various amorous tendencies, fits of excessive anger ; had an apparent aggravation of the wolfish imagination, which was the first manifestation of illness. The remedy was then superseded by *Sac. lac.*; and finally by "new *Sulphur* (new dynamization of the smallest portion) one globule in three tumblers", followed by "the next dynamization in two tumblers", whereupon she went on with the *Sulphur* occasionally for the period of about 3 weeks, at which time she had become "a healthy, rational and amiable girl". Hahnemann does not state whether or not the menstrual period immediately appeared, but this was evidently a case of what the discerning Jahr would consider an amenorrhœa, with accompanying or resultant mental disturbance.

Jahr's superlative description of such mental states is to be found in Hartmann's *Special Therapeutics According to Homœopathic Principles*—third volume—*Mental diseases*, as edited by Jahr. This was a work practically rewritten by this master of psychiatrics. It was written in Paris in 1854. Hahnemann does not go into any details as to the diagnosis (naming of the disease), he merely delineates the symptoms carefully, prescribes the appropriate remedies, and cures the case. He does not even inform us, as I have previously remarked, whether or not the amenorrhœa was relieved, but the patient herself was cured.

Then there is the case of O. T., an actor, 32 years old, married, who, subject to sore throat, suffered from the combination of "a prickling sensation on swallowing, with a prickling sensation and a feeling of contraction and excoriation"; he also had a pressure in the anus, etc., and it was only with difficulty that he could pass his fæces, when his "swollen hæmorrhoids would protrude". He was given *Belladonna* x., then "the lowest dynamization", which relieved the throat, but the anal fissure came to tight, and he confessed to having had a chancre eight years previously. He was given *Merc. viv.*, one globule of the lowest new dynamization (which contains vastly smaller amount of matter than the usual kind). This was given in the same manner as the *Belladonna* (the bottle being shaken each time) with the result that the anus was relieved. This was followed apparently by an aggravation, and an amelioration, and a return of the throat symptoms, *Sac. lac.* being substituted for the *Mercury*. Next came "ulcerative pain in the throat, bellyache, but good stools, several in succession, with great thirst". But the anus is right. His next and final remedy was *Acid nitri* to smell, and then to have milk-sugar in seyen. This olfaction of *Acid nitri* was performed by opening a small bottle containing an ounce of alcohol or brandy, wherein one globule is dissolved, and smelt for an instant or two. Whereupon the patient, in Hahnemann's words, "remained permanently cured".

Hahnemann's simple and concise instructions for patients are nowhere better shown than in his

letter concerning "Little August", of which (meaning the medicine-W.)

He will take a grain every seventh morning and one moistened; and of No. 1 in vial S.; he will abstain somewhat from the use of fruit and eat but little of it daily, preferably with rolls, bread or buttered bread. Plums he must eat least of all. He must chew everything well, eat slowly and swallow nothing that is not masticated well.

Furthermore, he must avoid acids, coffee, tea and also everything of which he knows it does not agree with him as a rule. He must never want for plenty of exercise in the open air—in short, the "homœopathic diet" and regimen.

The above is taken from a letter from Hahnemann translated by the late Dr. F. H. Lutze, now in the possession of the Stuart Close Library of the Hahnemann Hospital in Boston.

Hahnemann's comparison of *Puls.*, *Ign.*, *Nux* and *China* is found in an autographed letter given to Dr. M. I. Boger-Shattuck by the late Dr. Parkhurst of Ogunquit, Maine, and more recently presented to the Hospital by Dr. Shattuck.

So much for Hahnemann and his published case records. We have the promise of the late Dr. Richard Haehl of Stuttgart that these histories which were obtained from the Boëninghausen heirs a short time before Dr. Haehl's death, may some day be published and given to the world.

Then there is the report of Sch—, a washer-woman, somewhere about 40 years old, who had the "shoot in the scrobiculus cordis, was better lying, could not sleep after three o'clock in the morning, felt sick after eating, had waterbrash, and empty eructations after her meals, and was of a

passionate temper—disposed to anger”—a case cured by “a full drop of the pure juice of *Bryonia* root”. This patient, who, like the leper whom Jesus healed, did not return; and on being asked why she did not come back, gave as the reason that, “while extremely obliged to the doctor, the like of us have no time to leave off our work”, and for three weeks previously, her illness had prevented her from earning anything.

And the case of “—e, a weakly, pale man of 42 years, with indigestion, who was cured by half-a-drop of the quadrillionth of a strong drop of *Pulsatilla*”, although in a footnote he states that “according to our present knowledge and experience, the same object would have been attained by taking one of the smallest globules of *Pulsatilla* x. (decillionth potency, and with equal certainty a single olfaction of a globule the size of the same potency of *Pulsatilla*).”

Bœnninghausen has reported some cases in his *Lesser Writings*, and the comparison of a case calling for *Valerian*, in the preface to the *Therapeutic Pocket Book*.

Jahr's *Forty Years' Practice* contains much of clinical value, although not a great number of actual case histories.

Similarly may be it said of the works of Hartmann in his *Acute and Chronic Diseases*.

Ruckert's *Therapeutics of Homœopathy, or Outlines of Successful Homœopathic Cures*, is collected mainly from early homœopathic periodicals, and was translated by Hempel and published by William

Radde, in New York, in 1846. This work contains many valuable case reports, from which we select the following from Stapf's *Archiv.* XV, 1, pp. 103, 104*.

Arsenicum x., in six ounces of water, one tablespoonful a day ; afterwards, during a relapse, three doses of *Ars.* x., at intervals of eight days. Spasm in the chest.

Symptoms : In stormy weather, or when walking fast, when putting on warm or tight clothes, when exposed to change from warmth to cold, or when laughing violently, he feels an oppression or an exhaustion of the lungs, anxiety, which makes him alternately cold and warm. The symptoms gradually abate, while a white viscid saliva is rising in the form of small vesicles. Oppression and anxiety increase as soon as he enters a warm room. After the attack, weakness and sick feeling.

Among the earliest works on therapeutics, was Jacob Jeanes' *Homœopathic Practice of Medicine*, published in Philadelphia, 1838. Here the wisdom of the fathers of our homœopathic art is seen in the author's observation that,

It is perhaps possible that a case, of disease may be peculiar, and never have its fellow ; but as a general rule, when we find a form of disease in one person, it is most likely that it will be found in some others.

* *Archiv.* was edited by Ernst Stapf from the year 1832 to 1836 ; thereafter Gross became the copublisher. The first seven volumes are included in the Stuart Close collection in the Hahnemann Hospital Library.

This is the basic principle involved in all works on therapeutics, which differs in a measure from that followed by those of the Kentain school of our own time, in that the remedy is the thing that is stressed first, last and all the time, regardless of the name of the disease. This does not preclude individualization in any given case, but works on practice were intended to be general guides, and not of necessity arbitrary ones. The practical value of Hahnemann's statement is here apparent that there are, after all, no diseases, but there are sick persons.

As an example of Jeanes' method, may be cited in the following case :

To a woman of tender and irritable constitution, one who has had repeatedly miscarried before the third month, *Sabin* gtt. 1.12. was given as soon as she found herself pregnant, and every month until the eighth the *Sabin*. was repeated. On the fourth month, after violent mental emotion, labor pains without hæmorrhage, appeared, but were speedily removed by *Sabin*. gtt. 1.9. At the proper period, she gave birth to a perfect and healthy child.

Also, in a case of profuse hæmorrhage after an abortion, where the patient appeared almost exsanguine and excessively debilitated, *Secale* in a low dilution promptly arrested this discharge. The patient fell into a tranquil sleep, from which she awoke after some hours, much refreshed.

Innumerable cases showing the prompt acting of the indicated remedy abound in Jeanes' work on homœopathic medicines.

Illustrations of the various methods of prescribing appear in the writings of all the earliest masters.

Then we come to another period when these cases were arranged in book form, *e. g.* in such masterly computations as Raue's *Records*, which were published in six volumes, beginning in the year 1870. In this work, the author was assisted by no less than twenty-two coeditors in different parts of the United States.

Opening the first volume, at p. 187, we come upon the following case of *pneumonia*. You find the patient sitting up in bed gasping for breath, with his shoulders elevated to his ears in the effort, his face is the picture of despair. You watch the walls of the chest, but find no motion there. You tap with the fingers over the region of the lungs and there is no resonance. The sound elicited is like that obtained by thumping on a board. You take note of the abdominal muscles, and you find them hard at work, carrying on the process of breathing. You place your ear to the chest, and no air seems to enter the lungs at all. The case looks desperate, the patient expects to die. *Tartar emetic* in water every fifteen minutes, will see you through in just such desperate cases. And who, may we be interested to ask, is the authority for this clinical verification? The answer is, no less a prescriber than Dr. C. Carleton Smith, and the reference is to *Med. Jour.* vol. 5, p. 357. Dr. Temple S. Hoyne of Chicago, one of the coeditors of the Raue's *Records*, was evidently so much intrigued with this method of presentation that he later authored a volume entitled *Clinical Therapeutics*, and herein are many references to Raue's *Records*.

Hoyne's work was illustrative of the plan used in his lectures at the Hahnemann Medical College in Chicago and contains examples of clinical cures by both high and low potencies ; and it is all in all a most excellent book. I chose from the second volume, a cure reported under *Opium* (Vol. 11, p. 159).

CASE 345. Have recently corroborated an old symptom of this drug in case of typhus abdominalis. Many slight indications for *Op.* and most prominent among them the peculiar sopor. Give *Op.* 23 in water every hour. Found at the next visit that the pulse and temperature had both been much reduced and the symptoms for which I prescribed the medicines also better, but in their place, a well known symptom which I accepted as a confirmation of this drug, *viz.*, a constant complaining that the *bed was so hard*. I at once stopped the medicine and under *sac. lac.* had a rapid recovery. The author of this brilliant cure was none other than Dr. William Jefferson Guernsey.

Hering's *Guiding Symptoms*, one of the most exhaustive repositories of clinical data the school has yet possessed, is derived from case reports to be found in early homœopathic literature and and these references are most painstakingly tabulated.

All our homœopathic periodicals of those early days, which numbered among their contributors the most brilliant writers of their time, are complete with data which are the very backbone of our therapeutics. The transactions of the *British Homœopathic Society*, the *American Institute Journal*, and the files of French, German;

Spanish and Italian magazines also bear witness to similar testimony. Then there are incomparable *Transactions* of the International Hahnemannian Association, which could scarcely be excelled. Likewise the papers and case reports published in the journal *Organon*, as edited by Skinner, Lippe, and Berridge; likewise the *Journal of Homœopathics*.

Some years ago in a small brochure entitled *Home-Made Treatment*, Dr. C. F. Nichols, who was formerly associated in his offices with Dr. Wm. P. Wesselhoeft, cites the following :

A disciple of Hahnemann was called to a lad who had bled for some days from the nose, in spite of the efforts of his medical attendant. The former administered a powder of *Carbo vegetabilis* (charcoal) remarking, "I think charcoal will relieve the bleeding," which it did almost immediately. "But it is white," said the Irish doctor who had been in attendance. "Yes, it is homœopathic preparation, a trituration." "I think," said the learner, regarding its action with astonishment, "I think white charcoal is better than black."

The domestic treatises of such writers as Hering, Frelich, P. Curie, Laurie, along with Jahr and others have done much to publicize homœopathy in the past and now comes a small layman's volume, by Dr. William Gutman of New York City, which is published by Boericke and Tafel of Philadelphia which should prove of great value to the mothers of families who are seeking a small book on homœopathy as first aid treatment in the various domestic ailments to which they themselves and their offspring may be subject.

It is entitled *The Little Homœopathic Physician* and the method followed is that of adding at the end of the discussion of every remedy a brief case illustrative of the therapeutic action of the drug in question. How much better is this method and its simplicity than the usual first aid treatment in vogue through the wide-spread use of aspirin, sulfanilamide, sleeping tablets, physic, etc., which is usually contained in the family or travelling medicine chest or handed out over the counter in every corner drug store.

In closing this altogether too lengthy paper, may I mention my appreciation, albeit my admiration for the series, so aptly denominated *Little Cases* by Dr. Margaret Tyler, which as the editor of *Homœopathy*, the organ of the British Homœopathic Association over a good many years, Dr. Tyler has published in its columns.

In the April number of this excellent journal there is cited a cure of epilepsy by *Natrum muriaticum* in various potencies from the 12th to the 50M., which should make glad the heart of the most seasoned veteran of Hahnemannian homœopathy.

In concluding her remarks upon this instructive case, Dr. Tyler says :

Epilepsy in a middle-aged man with such a history is not a very hopeful case to treat. Most carefully symptoms were recorded, but the prescribing was on the ætiology of the case. His response to treatment, after the first *Thuja* prescription, was evidenced by temporary aggravation and return of old symptoms. This meant reaction and was a warning to await its unfolding before interfering.

Natrum mur. later, only repeated when the great and manifest improvement waned and symptoms returned to demand attention. And since he always responded to these potencies, they were not changed.

As to the three doses in rising potencies, Hahnemann tells us in the last edition of his *Organon*, that we may get speedier results in chronic diseases by repeating, provided that we raise the potency with every dose.

Looking back, one wonders, could one have done better by a different exhibition of the remedies? But there was always response, and after all, this severe case of epilepsy with so many factors making for trouble—well! He was very happy, as his condition improved, and is very, very grateful to have lost his terrible disability.

In reading this remarkable case, which is reported in the *Journal* at length, one might well exclaim, for it is seldom that the most doughty follower of Hahnemann meets with such unqualified response in such a chronic and well extended disorder.

In conclusion, may I say that the future outlook for homœopathy is not in the least a pessimistic one, despite the lessening in our ranks by the loss of many of our veteran prescribers. For strangely enough, brilliant minds trained in physiological methods are finding in the Hahnemannian way the open sesame to truly scientific medicine. Yea, verily, a great heritage is that bequeathed to us by this greatest of all masters of medicine.

It is true that the present is not an age of proving, but we have in our pathogenetic records

a means of verification for many years to come ; and there is no reason why we may not avail ourselves of the approach to illness through all that pertains to the examination of the *patient himself* in our search for the curative regime ; and at long last, we shall one day return to the Hahnemannian way as the best way that even scientific medicine can follow.

The Homœopathic Recorder,
Vol. LVII., No. 8.

—O—

CASE REPORT.

Eustus E. Case, M.D.

An auburn-haired girl, scrofulous, nine years old, has had sore throat two days. She lives in the country and her mother dosed her with domestic remedies until she became frightened.

High fever with thirst.

Throat filled with membrane, on tonsils, uvula, soft palate, and upper pharynx.

Nose completely obstructed.

The soreness was first felt upon the right side.

1891, July 12, 1 a.m. *Lycopodium* 2 c. B. & T., four powders, one every two hours.

July 13. Great improvement. The membrane began to be thrown out at noon yesterday.

Saccharum lactis.

July 14. There is less swelling of the throat which is nearly clear of membrane.

She can get some air through the nares.

Saccharum lactis.

July 15. Throat entirely clear ; breathes through the nose.

Saccharum lactis.

Aug. 29. She improved rapidly and seemed well until a week ago. She then became listless.

Cold hand and feet.

Dark swellings under the eyes ; worse in the morning.

Urine scanty, albuminous.

Drowsy, with frequent yawning.

Apis Mellifica CM. Fincke, one powder.

Health was restored without further medication.

The Hom. Recorder,
Vol. LVII., No. 8.



HOMŒOPATHY AND THE NOSODES.

BENJ. GOLDBERG, M. D.

Cincinnati, Ohio.

IT MAY be aptly said of the nosodes that they have the unusual distinction of being the most abused, unused and misused of all the remedies in the Homœopathic Materia Medica ; some physician using them routinely, others using them rarely or seldom. Whether one practices Isopathy or Homœo

pathy by employing these remedies is beside the point, as for all practical purposes they are one and the same thing.

This paper will concern itself with a short history of the various nosodes, their early use by Homœopaths and their relationship to the modern use of vaccines, sera and other similar measures used in general therapeutics and prophylaxis.

This very interesting and very useful class of remedies is defined by Dewey as "the morbid product of disease, when employed as remedies." The word nosode comes from the Greek word "nosos," which means disease. Some insist that the nosodes be prescribed on definite indications only, as any other remedy, regardless of pathology, etiology, or circumstance. Others plead that they have a definite field of usefulness in prophylaxis, as can be seen in some case reports of the old prescribers. H. C. Allen in his "Keynotes" says, of Diphtherinum, "the author has used Diphtherinum for twenty-five years as a prophylactic in Diphtheria and has never known a second case to occur in the family after it had been administered. The profession is asked to put it to the test and publish the failures to the world."¹ In this latter respect they approach in theory the use of vaccines as employed by the old school. In this branch of therapy, the schools of medicine approach each other closer than in any other respect, and meet on common ground.

Nosodes have a long and interesting history. In 1830 Hering proposed the use of saliva of a rabid

dog as a remedy for hydrophobia. He also used the variolus pustule from small-pox which subsequently came into general use by vaccination. In 1882 Pasteur published his first communication on rabies. Four years previous to Koch's work on Tuberculin, Hering, Swan and Biegler used Bacillinum and Tuberculinum. Bacillinum is a trituration of tubercular lung, Tuberculinum is a triturate from the sputum of tuberculous patients.

Dr. J. Compton Burnett² published "A Cure for Consumption" several years before Koch's experiment with Tuberculin and observed results following the use of a preparation which he called "Bacillinum." Koch used a lymph, which was an extract in glycerine of dead tubercular bacilli. In this connection, in regard to the tuberculins, Park and Williams have the following to say, "the Tuberculins have not fulfilled the hope that Kach had for them. However, the diagnostic use of Tuberculin is of very great value."³ It can be safely said that the above quotation does not apply to our own Tuberculinum as brought out by Swan in 1879. This fact may be explained possibly by the vast difference in their forms of preparation. Bacillinum is a compound natural infection, our Tuberculinum is a trituration from a tubercular abscess, while Tuberculin, (Koch's lymph) is a product of laboratory experiment. The presence of Koch's bacillus in both specimens of tuberculin gives no excuse for confounding them. In my opinion there are, from a homœopathic point of view, distinct differences among Bacillinum, of Heath and Burnett, Koch's

lymph and our own Tuberculinum of Swan. The original Koch's lymph has had an interesting clinical history. While Koch attempted to cure tuberculosis with his lymph, with disastrous results, the Homœopath has achieved remarkable cures with the same preparation in another great scourge, namely pneumonia. Within a few weeks after Koch's reports on the use of O. T. the most enthusiastic and encouraging reports came from scores of prominent physicians and large hospitals. Within a few months volumes had been written on this subject. A new journal, devoted exclusively to the treatment of tuberculosis with Koch's lymph, had come into existence. It is true that some of the more conservative members of the profession were a little slow in accepting the new doctrine and practice, but the majority followed the current set in motion by the great Koch and his many eminent admirers and devoted followers. It was not long, however, before the glowing accounts of the result of the new treatment of tuberculosis came at longer intervals and in a more moderate tone. Later, case reports were inserted from different parts of the world in which it proved a complete failure, and not in an inconsiderable number of cases it was charged with having caused a speedy and fatal termination of the patient. Then came the timely warning of the veteran pathologist, Virchow, who showed by numerous post mortem examinations of patients who died under this treatment, that death was caused by a dissemination of the disease from a local focus acted upon by the lymph. Soon medical

societies acted to condemn its use and some local governments were moved to restrain its further application by legal enactments. Enough time has now elapsed to judge the merits of the treatment of tuberculosis by Koch's lymph, or, as it was later called Tuberculin or O. T. It has been put to test in the treatment of all forms of tuberculosis, and the result—a miserable failure.

But to this day, Tuberculin, of Koch is used by Homœopaths in pneumonias and in pulmonary congestion in tuberculous patients. Far more potent is the action of Bacillinum in non-tuberculous pulmonary conditions and other affections of the respiratory tract. Catarrhal dyspnea and hypersecretion of mucus responds quickly to Bacillinum. Idiosyncrasy to colds, sinus infections and, in fact, a low resistance to respiratory infections and influenza yield dramatically to a course of treatment of Bacillinum.

It is evident, from the experience of the early workers in the treatment of tuberculosis by employing Tuberculin, that the results were very discouraging. This was due to the very intensive treatment of this disease by both injecting a most potent agent and by giving it in the most heroic dosage. Even down to the present day, the handling of this disease has shown no improvement in so far as specific treatment is concerned, this in spite of the ever decreasing dose of Tuberculin employed. In this regard Park and Williams⁴ say, "Tuberculin is not a cure for tuberculosis. It should be used as an addition to, not as a substitute

for the recognized methods of treatment. It is a two-edged weapon and should be employed only by those who have a thorough understanding of its possibilities for good, and unfortunately, for harm. The treatment is without value in advanced tuberculosis." It might be interesting to note what results the Homœopathic School has had with this same substance over a period of sixty years. First, it is still used by Homœopaths, although if given promiscuously, some dangers may follow its use; but, on the whole, its employment has yielded brilliant results not only in tuberculosis but in many kindred diseases. Koch's Tuberculin may be the only remedy which will save a severe, moribund case of pneumonia or influenza, both incipient and chronic cases of tuberculosis and influenza when given as an intercurrent remedy. In this regard Joussett quotes Dr. Arnulphy,⁶ "I make bold to state that no single remedy in our materia medica, not excepting Ipecac, Iodine, Tartar Emetic and even Phos., approaches the singular efficacy of Tuberculinum in well authenticated cases of that affection (broncho-pneumonia), be it in the child, the adult, or the aged. Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its working." Clinically, Tuberculinum produces pneumonia, broncho-pneumonia and congestion of the lungs in the tuberculous patients. Hence, it is homœopathic in those affections. Tuberculin also produces, in the healthy organism, inflammatory changes in the heart and

aorta. Injections into animals produces parenchymatous and interstitial nephritis and albuminuria.

The nosodes have had the distinction of being introduced and proven by the most outstanding figures in Homœopathic medicine for over one hundred years. The following chronology will illustrate :

1831. Hering issued small monograph on the nosodes, followed in 1833 by similar work on these remedies by a veterinarian in Leipsic named Lux, who advocated these remedies as Isopathic. Hering, however, proved these remedies according to the tenets laid down by Hahnemann.
1830. Hering proposed use of saliva of rapid dogs (Hydroph.) as a remedy for hydrophobia. Fifty-two years later Pasteur published his first communication on rabies.
1833. Lyssin, potentized and proved, was introduced by Hering.
1833. Psorinum introduced by Hering.
1836. Anthracinum was introduced by G. A. Weber in cattle plague. He cured every case in the animals and in many men who had contracted it. The bacillus producing the disease was not discovered until 1863 by Davaine.
1862. Malaria Off. was brought out by G. W. Bowen of Ft. Wayne, Ind. It was prepared from the material collected from the stagnant pools in the malarial section of Ft. Wayne, Ind. It has succeeded in

cases of Malaria where other indicated remedies have failed.

- 1871. Variolinum came into use.
- 1873. Vaccininum came into use.
- 1875. Medorrhinum was introduced by Biegler of Rochester, N. Y. Medorrhinum was introduced by Swan. The gonococcus was discovered by Neisser in 1879.
- 1879. Syphilinum was used and in 1883 the proving was published. Treponema Pallidum discovered by Schaudinn in 1905.
- 1879. Tuberculin introduced by Swan. H. C. Allen devotes thirty pages in his Materia Medica of the nosodes, to the symptoms of this remedy. It was three years later, or in March 1882, that Koch discovered the Bacillus tuberculosis and not until 1891 did he introduce his Tuberculin lymph or O. T. It is interesting to note here that J. Compton Burnett used Tuberculin or Bacillinum five years before Koch, and that Swan of New York even advocated and used it for many years before Burnett. Later Koch brought out other tuberculins hoping to minimize reactions he obtained from the previous preparation which he had introduced.
- 1897. Tuberculin residue appeared, also known as New Tuberculin, N. T. or T. R. The bacillary emulsion or B. E. appeared in 1901. The total number of tuberculin

bacilli preparations or their products brought out by the old school to date total over fifty. The number of similar preparations employed by the Homœopaths to date total five; and the number designates, not changes in method of preparation as with Koch's tuberculins, but simply a different variety as, human, avian, bovine, bacillinum and Koch's tuberculin. No changes have been made in these preparations from the time of their introduction.

Diphtherinum introduced by Lux and used by Swan.

1880. Pyrogen was prepared by Drysdale in England by exposing macerated raw beef in cold water to the sun's rays for several weeks. About five years previous, Prof. Burdon Sanderson the physiologist, advanced the theory that decomposing organic matter, when introduced into the body, was capable of causing fever. Drydale, being a Homœopath, applied this principle, and gave a new remedy, which he called Pyrogen. Swan's Pyrogen was made from a septic abscess. A monograph was published in 1888 in which Burnett, the English Homœopath, cited the marvellous results obtained with this remedy.

1906. Pertussin was brought out by Clarke in England. The same year in which the

Pertussis bacillus was discovered by Bordet-Gengou.

1908. BCG, a living culture from bovine tuberculosis was isolated, and attenuated by frequent reculture on ox-bile. It was first used orally, later intramuscularly and subcutaneously. It seemed to increase the resistance to tuberculosis in infants in France and later in this country, especially in New York City, but the results were not too encouraging.

SUMMARY OF THE INDICATIONS OF THE NOSODES

Bacillinum or Tuberculinum : There is a familial history or tendency to tuberculosis. Takes cold easily. Loss of weight in absence of anorexia. Short and hacking cough, slight expectoration. Tall, slim patient with flat chest. History of frequent colds. Influenza, especially the 1918 variety. Post influenzal asthenia. History of pneumonia. *Bacillinum* was used by Burnett as a favorite remedy for ringworm. Also a valuable remedy in euthanasia. Kent said of *Tuberc*, "If *Tuberculinum* be given in 10M, 50M, CM, and MM potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored."

The indications for the different form of the *Tuberculinum* are :

Koch's Tuberculin : delayed resolution in pneumonias and influenzas.

Tuberculinum (Swan's) for glandular manifestations.

Tuberc. Av. : acts on apices of lungs. Its sphere of action is the post-influenzal bronchitis, in which field it excels. It relieves the teasing, exhausting cough. History of influenza or grippe is an important indication.

Tuberc. Bov. : is said to have an affinity for intestinal tract.

Bacillinum : frequency of colds leading to bronchial irritations. Sudden and deep-seated cough.

Anthracinum : Anthrax, although rarely seen now, is easily overlooked because of its infrequency. Useful in severe sepsis, malignant carbuncle. Terrible burning is the keynote.

Pyrogen : Sepsis following ruptured appendix. Peritonitis, puerperal infections, carbuncle. Pulse and temperature out of all proportion to each other. Tongue smooth, red ; skin pale, cold.

Varolinum : Allen says this nosode bears the same relation to small-pox that antitoxin does to diphtheria. Indicated in small-pox, prophylactically and therapeutically, and for the pitting and other scars resulting therefrom.

Psorinum : When well selected remedy or sulphur fails to act, For the psoric patient, Patient worse cold, worse lying with head low. Sensitive to cold, frequent quinsy, hay-fever and asthma with psoric or eczematous history. Foulness of body discharges.

Malandrinum : An effective prophylactic against small-pox. Cooper used it as an intercurrent remedy in his cancer cases.

Syphilinum ; Pains worse from sunset to sunrise, everything worse at night, Children or adults with syphilitic taint. Useful in chronic syphilitic headaches. Patient constantly washing hands.

Medorrhinum : Pains worse from sunrise to sunset : better seashore, damp weather. For old, neglected or mistreated cases of gonorrhœa ; arthritis of gonorrheal origin. Pelvis diseases in women. Dwarfed children. Nocturnal enuresis. Obstinate cases of arthritis and rheumatism. Patient, especially child, assumes knee chest posture.

Parotidinum ; *Streptococcin* ; *Scarletinum* ; *Morbillinum* ; *Influenzin* ; *Pneumococcin* : Dr. Margaret Tyler of London, England, reports a series of cases cured with these nosodes in "*Homœopathy*," the publication of The British Homœopathic Association. "Never been well since mumps, scarlet fever or measles." By prescribing the specific nosode, the patient made rapid improvement. Many cases have been reported in this country illustrating the beneficial results from these remedies.

Distemperinum : I have used this nosode personally in the prophylaxis of Distemper in puppies. I have also given it to a Cincinnati Veterinarian, who has used it constantly, giving it to the mother dog and later to the young puppies. He reports gratifying success, after an experience of over three years.

Hydrophobinum or *Lyssin*.: Has been used in prophylaxis and treatment of Hydrophobia.

Diphtherinum ; For general diphtheria prophylaxis. Severe infection. May be of use in post-diphtheritic paralysis, old residual paralysis. May be useful in diphtheria carriers.

Carcinocin : A nosode, made from the extract of cancerous tissue and used extensively by LeHunt Cooper, of which he says, "I would lay it down as a maxim that there is 'no case of carcinoma that Carcinocin will not benefit at some period of its existence,' so much so, that I would suggest the proverb, 'when in doubt give Carcinocin.'"

The intestinal Nosodes of Bach : Dr. Edward Bach of London has done a great amount of work on intestinal toxemias and with Dr. Wheeler had brought out in 1927, seven intestinal nosodes made from "non-lactose fermenting intestinal bacilli" in the colon. These bacilli are non-pathogenic and are thought to be morphologically related to some of the more virulent types present in the colon. Because of their passive relation to the intestinal flora, they are generally ignored, as only occasionally do they ever become a clinical entity in colon disease. Bach has performed many remarkable cures. They should be considered in patients suffering from effects of toxemias, resulting from colonic absorption : gall-bladder diseases, colitis and sick headache. Also when the colon can be considered as a focus of infection. Several cases of headache, where constipation and colon pathology

were demonstrated, have responded nicely to these remedies. Bach lists six main nosodes and a combination of all six called *polyvalent*, which are worthy of trial. Several other nosodes have been added by other workers, including Paterson of Glasgow, Scotland.

In closing, the following quotation from J. H. Clarke, who contributed so much to this group of remedies, is appropriate. He said, "Here I may remark that the use nosodes in no way excludes the use of other homœopathic remedies. Nosodes form a splendid addition to our armamentarium ; but if we don't know how to supplement them with other remedies we are just as badly off as if we didn't know how to supplement other remedies by the use of the nosodes. I give it to show that the Law of Similars is applicable in all respects to the use of the nosodes as it is to the use of other homœopathic remedies. The nosode of a disease will not cure, or even help, all cases of the disease from which it is derived ; but, on the other hand, it will cure cases of great variety."¹

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—The Journal of American Institute of Homœopathy.
Vol. XXXV, No. 6.

CASE REPORT.

ELIZABETH WRIGHT HUBBARD, M.D.

Mrs. Y., at the mid-century ; history of mucous colitic and liver trouble ; complained of spasmodic abdominal colic or gripes, < on the left side, preferred heat to cold, and liked pressure, though did not double up. *Colocynth* was of no avail. *Magnesia phos.* relieved temporarily but the attacks recurred. No diarrhœa, very few symptoms. Finally she said, "In these attacks I feel as though my stomach hit my backbone." I asked her to try stretching during the pain and she found it agreeable. Wassermann and blood count negative. Stools tended to be in little black balls. *Plumbum 1m*, one dose, produced rapid improvement and the colics, which had been coming every day or two for four months, have now been absent for five weeks.

—The Homœo. Recorder.

RELATA REFERO.

The Government of Bengal have taken considerable pain and found time to effect certain modification in the statutes regarding the General Council and State Faculty of Ayurvedic Medicine, Bengal. The said Council shall now consist of the following members :

A President ; one registered Ayurvedic practitioner from each of five divisions of Bengal elected by the registered Ayurvedic practitioners ; one member to be nominated by the Calcutta Corporation ; four Ayurvedic practitioners of Calcutta to be elected from the Calcutta electorate ; one member each to be nominated by the Calcutta University and the Dacca University ; one representative of each Ayurvedic college or hospital affiliated to the Council ; five registered Ayurvedic practitioners to be elected by the heads and teachers of all tolls affiliated to the Council ; four persons to be nominated by the Provincial Government ; one representative each of the Bengal Sanskrit Association, Calcutta, and the East Bengal Saraswat Samaj, Dacca ; besides the Registrar and two persons to be co-opted by the rest of the Council before the election of the Vice-President.

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I heartily congratulate the Ayurvedic Medical Profession for this achievement. Fortunately for them no hostile interference or adverse influence was intrigued here with over-ruling or delaying this modification of the Ayurvedic General Council and State Faculty of Bengal. I understand that, on the contrary, Ayurveda received support from medical hierarchy of influence. That's lucky ! That's quite unlike the *Duo Ranees*' lot.

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In the Bengal Council it was announced on Friday the 25th. September by the Hon'ble Mr. Santosh Kumar Basu that Government had decided to make a further recurring grant of Rs. 20,000 per annum to Jadavpur T. B. Hospital in addition to the existing annual Government grant of Rs. 10,000. This grant is for the purpose of maintaining 20 additional free beds with effect from 1942-43. This addition raises the total number of free beds in the hospital to 100.

* * *

Further, the Government have also decided to make a capital grant of Rs. 15,000 to enable the hospital authorities to meet some non-recurring expenditure for the improvement of the hospital.

* * *

None but the deserving deserves the fair. Others may fret with jealousy and gibe in their frenzy by which they only emasculate themselves.

* * *

Pretensions may succeed in befooling a few among the laity, but hardly succeed elsewhere.

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We beg to draw the attention of our medical and lay-^{**} friends to the fact that the **Economic Pharmaceutical Works** is the biggest of its kind in India, is fitted with the latest and most efficient apparatus and

appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Economic Pharmaceutical Works** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

We offer our sincere thanks to our numerous patrons for their steady support to **M Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions.

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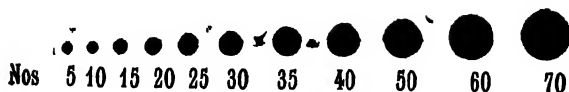
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Plain Tablets	5/8

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3x, 6x, 12x, & 30x.	-/2/-	-/3/6	-/6/-	-/8/-	-/12/-	1/6/-	2/12	5/4
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Editorial

BETWEEN HOPE AND FEAR.

The following will be read with interest by practitioners of all systems of medicine in Bengal, and nonetheless all over India :

“The Bengal Council of Medical Registration, who removed the name of Kaviraj Pravash Chandra Sen, M. B. from the Register of registered practitioners, has, it is understood, been directed by the Bengal Government to re-enter his name in the Register and to modify the rules under which action was taken against Kaviraj Sen.

“Kaviraj Sen, who is associated with the Viswanath Ayurved Mahavidyalaya in the teaching of clinical subjects such as Pediatrics, Hygiene, and Gynaecology, was charged by the Bengal Medical Council with violation of ‘ethical rules’ of the Council by his association with non-registered medical practitioners and found guilty of “infamous conduct” and his name was accordingly removed from the Register of registered practitioners.

“Against this order of the Council Kaviraj Sen appealed to the Bengal Government who upheld his appeal. The Bengal Government observes that the ethical code adopted by the Bengal Council of Medical Registration, which is reported to be a replica of that adopted by the General Medical Council of Great Britain, clearly militates against the policy adopted by the Government in recognising the indigenous systems of medicine as well as Homœopathy and in constituting State Councils and Faculties of such medicines for the purpose of their development on modern scientific lines. Kaviraj Sen, the Government points out, by helping to develop the Ayurvedic system of treatment, could hardly be charged with ‘infamous conduct,’ at least in the ordinary sense of the

term. If the action taken by the Bengal Council against Kaviraj Sen is allowed to stand, the cause of Ayurveda or any other system of medical treatment recognised by Government is likely to be jeopardised and the purpose for which State Councils and Faculties in respect of these systems have been established will be defeated. It need hardly be added, opines the Bengal Government, that in a country like India where the majority of the population have to depend for their medical relief on indigenous medicines any analogy with practice obtaining in an advanced Western country like England where there is but a single recognised system of medical treatment will be inept.

"The Bengal Government on these grounds upheld the appeal of Kaviraj Sen and directed the Council to re-enter his name in the Register and also to take steps to modify the rules under which action against Kaviraj Sen was taken."

—[A. B. Patrika, 28, 9, 42.

The above is an eloquent testimony of Government's concern for the Bengal Faculty of Ayurvedic Medicine and the Faculty of Homœopathic Medicine *in ovo*. Yet, there does not appear to be an unanimous appreciation of this gesture of the Government.

The Bengal Medical Council's finding of violation of *ethical rules* can hardly be superseded, because in framing its ethical rules every Council or syndicate is guided by its own sense of expedience for promoting professional and public interests and for protecting its honour. However, the charge of *infamous conduct* against Kaviraj Sen was ill-conceived, and perhaps this unfortunate phrase was only hastily borrowed from the language of exotic Councils.

The right of entry on the Register of a provincial Medical Council is not acquired simply by passing the final examinations of the University or Medical Faculty *in situ*, but the registration is allowed by the Council for the explicit purpose of

enabling and licensing the applicant to practice the art and science of its controlled system of medicine in which he received a full course of training and was found to possess the required proficiency. The registration is not granted for practising any and every system of medicine or such a system in which the applicant had no training and was not found by a proper authority to possess the required proficiency in that particular system of treatment. Such an indulgence must stifle the object of medical registration and frustrate any Medical Council.

Now, for a medical practitioner it is a matter of superlative importance that besides instructions in the general medical subjects he has had a full course of instructions in *Materia Medica*, its Pharmacy, and its application, i. e. its Therapeutics, both theoretically and practically at the indoor and outdoor hospital clinics. It is an open secret that, in the first instance, the Pharmacopœa of Allopathic medicine is very widely different from that of the Ayurvedic medicine and more so from that of Homœopathic medicine. The Therapeutics of these three systems of medicine stand still more widely apart, and one vies with the other as to its superior effectiveness. Thus, a medical graduate of the Allopathic system of medicine cannot be considered fit to practise any of the other systems of medicine before having received instructions and acquired the required proficiency in *Materia Medica*, Pharmacy and Therapeutics of the system of medicine of his choice. If, however, a medical

graduate be given an unlimited latitude for playing vagaries with all systems of medicine the result becomes perilous to public life and prejudicial to the decorum and authority of Medical Councils of all denominations.

While the Government apprehends that the action taken by the Bengal Council against Kaviraj Sen 'is likely to jeopardise the cause of Ayurveda or any other system of medical treatment recognised by Government and the purpose for which State Councils and Faculties in respect of these systems have been established will be defeated', it confounds one to comprehend why a convert cannot be made to learn *Materia Medica* and *Therapeutics* of the system of medicine he adopts by preference, either for conviction or for money, and to get his name registered with the State Council of Ayurvedic or Homœopathic Medicine as the case may be. The order issued by the Bengal Government in the case cited above rather tends to drive in that frustrative direction and to lend an inferiority complex to the State Councils and Faculties so graciously sponsored by the Government.

It seems that the Bengal Medical Council is thrown in an unwelcome predicament. For, who knows how the General Medical Council of India or the G. M. C. of Great Britain will react on this decision and direction of the Bengal Government ?

SULPHUR.

(Contd. from p. 351).

Lower Extremities : Uncertain gait in afternoon, worse ascending stairs. *Tearing, forcing him to put them out of bed* Bruised sensation after walking in open air. Weakness in morning ; after a short walk, with heaviness. Heaviness, in morning in bed, with falling asleep of the limb.

Hip : Sudden cramplike, painful jerking, about joint. Pain in joint, inability to step, pain at night even on touch. Bruised pain on motion and touch. Tensive pain in joint on walking.

Thigh : CRAMP IN RIGHT. *Tearing in posterior muscles when sitting. Sore between nates. Soreness between thighs, worse walking in open air.* DRAWING PAIN ; in tubera ischii, hip-joint, and upper half of right femur. Weakness of thighs and legs.

Knee : *Cracking.* STICKING, IN RIGHT ; on outermost tip ; worse standing ; on slight motion, and on ascending steps, better walking on a level ; causing shivering and fright. TEARING, through, knee and tibia, worse evening with drawing, she does not know where to lay the legs ; EXTENDING TO FEET WHEN WALKING AND SITTING. PAIN on moving knee, AS FROM STIFFNESS ON RISING FROM A SEAT. Sprained soreness on decending steps. Bruised pain on rising from a seat and on bending it. TENSION IN HOLLOW AS IF TOO SHORT ON

STEPPING ; *on rising from a seat, worse ascending steps. Knee often spasmodically flexed and extended. Pressure in left patella when sitting and walking. Stiffness in hollows ; worse rising from a seat, with weight.*

Legs : Swelling of veins. *Trembling, with weariness, sticking and tearing. Inclination to cramp on stretching out foot. Tearing extending into middle of thighs. Heaviness at night in bed.*

Tibia : STICKING ; sore pain ; drawing.

Calf : CRAMP *in morning in bed ; at night on stretching out legs ;* EVEN WHEN WALKING, WHEN THEY ARE PAINFUL AS IF TOO SHORT. Tremulous sensation when standing. Boring. *Weary pain at night in bed.*

Ankle : Cracking on motion. Ankle turns when walking, *worse descending steps. Swelling of malleoli, with sprained pain on motion. Sprained pain in left ankle on standing and walking. STIFFNESS OF MALLEOLI.*

Foot : Swelling in warmth of bed. *Tearing at night, with rigidity, preventing sleep. Drawing extending into hips, with cracking in joints on motion. Weariness. HEAVINESS : in morning in bed ; worse ankles ; on walking in open air, better continued walking.*

Heels : Cutting extending to hollow of foot. Tearing extending into thighs and hip-joints when standing, *worse knee, better walking.*

Sole : Jerking, *better motion. Cramp at every step. Soft, sensitive, painful on walking. Pain ; as if suppurating, when stepping on them ; cramp-*

like, extending to toes on walking. Drawing pain in morning. Numbness, *better* rubbing, with crawling. *Cramps principally at night* (Calc.; Camphor.; Chamo.; Ferr.; Nux v.; Nit. ac.; Sil.). BURNING IN THE SOLES (Calc. c.; Sil.; Lach.); WANTS THEM UNCOVERED (Cham.). Coldness of the feet, especially the soles (COWPERTHWAIT). With the rush of blood to the head we often notice heat on the crown of the head and cold feet.

Corns : *With aching and sticking pains.* STICKING, *in evening in bed.* PAIN, AS FROM A TIGHT SHOE. Sticking burning.

Toes ; Swelling. Inflammation of the great toe, with pain. *Cramps in toes on stretching out feet.* Nails thick, horny, misshapen ; *worse middle.* *Pain in nail of great toe ; on inside (underneath) of great toe, with soreness.*

Skin : HANG-NAILS. GROUPS OF BLACK POINTS LIKE COMEDONES, ON FOREHEAD, BUT THEY CANNOT BE SQUEEZED OUT. BLACK COMEDONES ON NOSE, *upper lip and chin.* HANDS HARD AND DRY. *Hands cracked, worse about joints, with soreness ; above roots of fingers ; about knuckles of hands, with rawness and roughness.*

Skin *cracked, worse open air.* Increased excretion of carbonic acid. Skin smelt of sulphur ; in morning. Liver-spots on back and chest, with itching in evening. Redness of hands and fingers in evening, with swelling as if frozen, with tension on motion.

DEARBORN says, "No other drug is so commonly employed in dermatological practice, and none will

repay more a careful analysis of its characteristics." He observes that the location of disturbance is not so very important and remarks that "the most troublesome forms are found on the warmer region of the skin, such as beneath the hair at the occiput, the folds, flexures of joints, arms and genitals." Sulphur should be remembered for diseases (e. g. asthma, diarrhoea, etc.) which alternate with some form of skin trouble, and for skin lesions that are chronic and prone to recur.

One of the important characteristics of sulphur is that bathing or washing the affected part causes *increased itching*; the sulphur child has a strong aversion to bathing and the adult is afraid of it, because bathing causes that intense itching and which continues such a long time after a bath.

Eruption; BURNING ITCHING; *painful eruption about chin. Tetters on nape. HEAT RASH ON NECK. Erythema, worse night in bed, worse heat of bed. Desquamation, on face; on fingers in round spots. Scaly eruptions which had disappeared by external applications returned after SCRATCHING, WITH BURNING ITCHING.*

Erysipelas of breast, inflammation, hardness and heat, with red rays extending from nipple, and sticking in it. Biting rash on face, arms and lower limbs. Nettlerash; with fever; on back of hand; over whole body, hands and feet; under hips. Chilblains on fingers, the itching worse by warmth,

Furunculous pimples, worse face, with red areola and itching. PIMPLES PAINFUL TO TOUCH ON FOREHEAD; ON RUBBING, A STICKING IN THEM. Boils.

Panaritium ; *ulcer about a nail.* Ulcer, with tensive pain ; scabby, with sour-smelling matter ; bleeding of old ulcers. *A slight injury on finger becomes sore, with pulsation, then corrosive vesicle and swelling of hand, with pain on touch.* ITCHING VESICLES ON BACK OF HAND. A SMALL CUT IS SORE AND SMARTS, THEN BURNING, THEN INFLAMMATION, WITH THROBBING PAIN.

STITCH-LIKE PRICKING OVER WHOLE BODY IN EVENING IN WARMTH OF BED. FORMICATION OVER WHOLE BODY. ITCHING ALL OVER BODY ; NOW HERE, NOW THERE *worse* BETWEEN FINGERS, *worse* SCRATCHING (Puls.) WHICH CAUSES BURNING. ITCHING IN SPOTS THAT BLEED AND BITE AFTER SCRATCHING ; IN SPOTS THAT ARE PAINFUL AFTER SCRATCHING ; CRAWLING ITCHING WITH PAIN AFTER SCRATCHING.

“Intertrigo, acne, eczema, herpes, in short, all forms of skin eruptions, generally *worse* bathing, associated with burning itching, temporarily relieved by scratching, with the peculiar characteristics of the drug.”

Sleep : YAWNING, *during the day, with sleepiness.* Sleepiness, *in daytime during menses.* IRRESISTIBLE SLEEPINESS DURING THE DAY ; *she fell asleep when sitting at work ; he fell asleep as soon as he sat down during the day.*

LATE FALLING ASLEEP AT NIGHT, *often not until 1 or 2 A. M., on account of flow of thought ; waking every hour ; with inclination to sweat.* SLEEPLESSNESS ; AT NIGHT ; BEFORE MIDNIGHT, *then frequent waking and tossing about ; UNTIL MIDNIGHT, then disagreeable dreams, only tranquil towards morning. In the morning it is hard for him to get up.*

SLEEPLESS, EVERY NIGHT AFTER 3 A. M. : *on account of irritability and uneasiness ; with weariness ;*

WITH MOUNTING OF BLOOD TO HEAD. FREQUENT WAKING ; WITH BEATING OF BLOOD IN HEAD, THEN ALSO IN CHEST.

STARTING UP ON FALLING ASLEEP. FREQUENT TURNING OVER WITHOUT WAKING. *Jerking in lower jaw on falling asleep, Stretching in sleep. Sighing, moaning and lamentations in sleep. Loud talking. Uintelligible murmuring. Sleep light ; unrefreshing.*

DREAMS : immediately on closing eyes. VEXATIOUS VIVID dream, *out of which he often woke and could not fall asleep again for a long time ; so vivid as if she was sitting on the chamber that she urinated in the bed.* FRIGHTFUL : *of fire ; of the dead and dying ; of being bitten by a dog ; with palpitation.* Nightmare. ANXIOUS ; AS IF SOMETHING OPPRESSED HIM ; *as if pursued by wild beasts ; that he was falling from a height. Disconnected. Comic, with loud laughter, which continued after waking.* Amorous dream, with emission. Dreams of murder.

Fever : "It is indicated in various types of fever, idiopathic or symptomatic ; in the malarial types there is tendency to torpor, with nocturnal aggravation ; heat of the head, with cold feet, or heat of the palms and soles at night. In eruptive fevers the eruption is partial and scanty ; the tongue is usually dry and red at the tip and edges (*Rhus t.*).*"* In *chronic malarial condition* where the case has been suppressed and mixed by *quinine* which the patient had taken, it becomes almost impossible to get a clear picture of any drug, *Sulphur* helps by bringing out the suppressed

symptoms, with indications for the curative similimum.

CHILL IN EVENING, *better lying down*, WITH HEAD-ACHE. *Chilliness, in morning ; in evening, then heat of face and hands, with thirst ; on least movement in bed.* Shivering, ON BODY, WITH FLUSHING HEAT IN FACE. INTERNAL CHILLINESS, *without thirst.* Chilliness, CREEPING FROM SMALL OF BACK UP THE BACK, from 6 till 8 P. M., *better heat of stove, Cold hands, feet and nose. Cold feet, all day and evening till going to sleep ; in evening. with heat of head.* Chill creeping up the back. Chilliness every evening in bed, followed by heat and profuse perspiration. Chill and fever, no reaction ; constantly sinking.

Heat : ORGASM OF BLOOD. *Frequent flushes of heat, sometimes ending with a little moisture and faintness. Dry heat in morning in bed.* Intermittent fever, first rigor with thirst, then heat without thirst, but with rash of blood to head.

Burning on vertex in morning in washing, then coolness. HEAT OF FACE, *worse cheeks and around eyes ; all day ; every day from 5 till 9 P. M. ;* AND IN THROAT. WITHOUT REDNESS. *Heat, worse about mouth ; in flushes, then coolness.* HEAT IN HANDS ; *in forenoon.* HEAT IN PALMS, *at night.* *Burning in tips of fingers.* BURNING IN FEET ; *across dorsum, in evening ;* IN EVENING IN BED, WITH NECESSITY TO UNCOVER THEM, THEN UNEASINESS, ITCHING AND CRAWLING ; *IN SOLES, on stepping after long sitting ; in soles, worse walking, with itching.*

Sweat : *In morning, worse waking ; always after waking about 6 or 7 A. M. ; AT NIGHT, WITH RESTLESS SLEEP. Sweat when walking is open air. Sweat smelling sulphur ; in morning on waking ; worse hands ; and metal articles about his body turns black. Sour sweat at night. OFFENSIVE SWEAT IN AXILLA. Cold sweat on feet. Profuse night sweat* (Cinch.; Phos.; Sil.; Sulph. ac.) *Prespiration from the least exertion* (Ambr.; Calc. c.; Hep. s.; Phos.; Sil.).

"It is indicated in various types of fever, idiopathic or symptomatic ; in the malarial types there is tendency to torpor, with nocturnal aggravation ; heat of the head, with cold feet, or heat of the palms and soles at night. In eruptive fevers the eruption is partial and scanty ; the tongue is usually dry and red at the tip and edges (Rhus t.)."

Aggravation : In left half of the body ; from beer ; when standing ; pains *worse* cold ; from warmth of bed. In evening, or after midnight ; during rest ; from touch ; from washing or bathing ; in open air.

Amelioration : After emission of flatus ; during motion ; on walking.

Similar : Ars.; Bell.; Cinch.; Colch.; Iod.; Lyc.; Merc.; Nit. ac.; Nux v.; Psor.; Puls.; Rhus t.; Sep.; Sil.

Complements : Acon.; Ars.; Aloe.; Bad.; Nux.; Psor.

Remedies that follow well : Æsc. h.; Acon.; Alum ; Apis ; Ars.; Bell.; Bry.; Bar. c.; Berb.; Borax ;

Calc. c.; Carb. v.; Graph.; Guaia.; Kali. c.; Merc.; Nit. ac.; Nux v.; Phos.; Puls.; Podo.; Rhus t.. Sars.; Sep.; Samb.

SULPH., CALC., LYC.; as also SULPH., SARSA., SEP. follow well in the given order.

Inimical : Ran b.

SULPH. follows LYC., but *Lyc. does not follow Sulph.* It is the chronic of Aconite. It follows Aconite well in pneumonia and other acute diseases.

Duration of action : 40 to 60 days.

Dose : All potencies from the lowest to the highest. The high potencies should not be repeated frequently.

THE CHALLENGE OF HOMŒOPATHY.

By DR. R. KERR SHEARER.

A paper read to the Bearsden and Milngavie Medical Society on February 6th 1942.

MR. PRESIDENT AND GENTLEMEN,

The subject I have chosen for my few remarks to-night is "The Challenge of Homœopathy."

Homœopathy is still, to judge by the number of practitioners who practise it openly, the "ugly duckling" of the medical profession. It is rather an old duckling now, but very much alive in spite of the rough treatment it has received. Many hard but so far ineffectual blows have been given to it,

but it has survived them all, and as time passes on, its apparent ugliness is being questioned more and more by practitioners of the so-called "orthodox" school. Eventually, for reasons which I shall attempt to put before you, a great majority, if not the whole of the profession, will acknowledge that here in Homœopathy we have no ugly duckling but a beautiful creation, and then the chief regret will be, that its beauty, the beauty which belongs to all natural laws, did not gain universal recognition at an earlier date. Unfortunately there is little prospect of any of us here living long enough to see this millennial transformation, but there are many indications at present, and there is every reason to believe, that in the course of time it will come. We are all striving after truth and knowledge. We are all therefore, I hope, endeavouring to keep an open mind. As the celebrated William Harvey once said many years ago :

"True philosophers, who are only eager for truth and knowledge, never regard themselves as already so thoroughly informed but that they welcome information from any source, nor are they so narrow-minded as to imagine that any of the Arts and Sciences transmitted to us by the ancients are in such a state of forwardness and completion that nothing is left for the ingenuity and industry of others."

There is always this great need for the open mind or, in other words, this great need to be preserved from, and to continually struggle against, the acquisition of the bigoted mind. "Prove all

things ; hold fast that which is good" is still as necessary an admonition to-day as it has always been.

Before I begin to delve deeply into my subject, I would like to quote and associate myself personally with the words of Thomas Scott who, also many years ago, said :

"For myself I here publicly confess that I will, to the end of my days, acknowledge it as the greatest obligation that any person can confer upon me, if, in the spirit of meekness he will point out to me any error or enthusiastical delusion into which I have fallen and by sufficient arguments, convince me of it."

So with apologies to you for this rather lengthy introduction I shall now "get going."

The first question which naturally arises is, "What *is* Homœopathy ?" A clear definition must be obtained and retained, for there are many who dismiss the subject from their minds simply because they do not know and understand what Homœopathy really is. They have preconceived ideas about it or perhaps they belong to the group of the humble who say : "So-and-so, who knows far more than I do, says 'It's a lot of nonsense'. Why should I bother myself about it," and so they ignore it ; save themselves a lot of mental anguish ; save themselves from a lot of hard work and, if there is any truth in Homœopathy, deprive their patients of what is their natural right—the right to be cured.

Homœopathy may be defined as : That system of therapeutics which asserts that diseased conditions are cured by agencies, which in the healthy individual, produce similar symptoms to the symptoms of the diseased condition.

Note particularly the word "similar."

That is a definition of Homœopathy, or if you prefer the term, "Homœo-therapeutics."

It might be enlightening at this stage to consider some of the things that Homœopathy is *not*,

Homœopathy is not the administration of drugs in small doses. Homœopathy is not the administration of particular drugs for particular diseases. There are no specifics in Homœopathy. Homœopathy is not the treatment of disease by the treatment of individual symptoms, and last, and, as usual, by no means least, Homœopathy is not, when honestly practised, an easily acquired system of therapeutics. On the contrary, and I am sorry to have to say so, it is at the present time probably the most difficult branch of the science and art of medicine in existence.

At the beginning of my paper, some of you may remember that I used the words "the so-called orthodox school." Now by "orthodox" I wish it to be understood that I mean the treatment of disease in a way which is not homœopathic. A convenient, by no means precise, definition of such treatment has been termed allopathic, and at one time it was the universal custom to divide physicians into two definite groups, the allopaths and the homœopaths. These two groups spent much of

their short life on this earth in mutual recriminations. The allopaths threw stones at the homœopaths who picked them up and threw them back again at the allopaths. This state of affairs, so long as it was confined to academical argument, was productive of much good, but unfortunately the personal element soon crept in. Mutual animosity increased, and eventually a state was reached, similar to that which prevailed when "the Jew had no dealings with the Samaritan." I hold no brief for either school in this respect. It is a thing to be deplored that the followers of any science should descend to such a level, but as a believer in the homœopathic hypotheses I can truthfully say that I have never allowed personal feeling to enter into my criticism of orthodox medicine. I must confess, however, that before I became convinced of this truth, I was guilty, in my ignorance, of saying some very hard things about Homœopathy and its practitioners in general and particular.

Probably many, if not all of you here to-night, are at present in this latter state, but I for one, having once as it were lived in a glass house myself, do not propose to throw stones at *you*. But I would venture to give you this piece of advice : See to it that the stones you throw have behind them the conviction of a sincere belief and are backed up by facts which have been proved to be true. See to it that there is no hidden or personal animosity in your criticism, in other words, let it be criticism which will tend to the advancement of our noble art of healing, Let it be as destructive as you can

make it so long as it is backed up by the facts capable of being proved and re-proved if necessary.

When the average orthodox physician begins to take an interest in Homoeopathy, the first thing that usually occurs to him is the apparent absurdity of it. How can such infinitesimal doses possibly have any effect ? The whole thing must obviously be nonsense. So having reached this quick conclusion, he shuts the book, or his ears, and so far as he is concerned that is an end to Homoeopathy for him. Let us take an imaginary but by no means improbable case.

Let us suppose that our imaginary orthodox physician is also an enthusiastic horticulturist. Having shut his book on Homoeopathy he goes out in rather an irritable frame of mind to his greenhouse. It is a summer evening and because it is summer and because it is evening he has had a little time for reading. It is also raining. The air is damp, otherwise he might have been tempted to have a stroll in the garden, so instead he goes into the greenhouse. Walking slowly round but, as a good horticulturist, refraining from touching anything, he notices a new plant, a plant called *Rhus toxicodendron*, kindly sent to him that very afternoon by "so-and-so" who lives at number "so-and-so" and whose interest are also horticultural. He remembers that he was told by "so-and-so" that on no account must he touch this plant with bare hands, but being a rather contrary individual, he does touch it, just once, with his forefinger.

It does not seem to him to be a very interesting plant, so after a brief inspection he passes on, and there for the present we shall leave him.

Next morning let us return to our imaginary friend. Surely this cannot be the same individual. He is still bad. His face and eyes are swollen and œdematus with small vesicles showing here and there. He is very depressed, complaining bitterly about the restless night he has had. All his joints are painful and, strange symptoms this, he tells us that he has had to keep changing his position all night in order to get relief. He is quite definite about this. Moving from one position to another gave him a temporary relief from pain. His mouth is dry, his tongue is dry and brownish with a peculiar red triangular tip. At first he has difficulty in speaking but later his voice improves and as he keeps changing his position he waxes eloquent about his friend "so-and-so" who lives at number "so-and-so" and who was such a confounded idiot as to send him a specimen of *Rhus toxicodendron*. As we retreat with expressions of sympathy his language becomes more and more theological! He knows, however, that he is suffering from *Rhus* poisoning. but being very obstinate he has already forgotten that he was warned not to touch the plant with bare hands.

Here we have an example of what an infinitesimal dose can do. It has been proved that the above symptoms can be caused by the one-thousandth part of a milligram of the essential principle. This is *not* an example of allergic reaction

but a definite toxicological effect produced in all individuals by momentary contact with the plant. After hearing this would you care to try the experiment of taking the one-thousandth of a milligramme of the active principle of *Rhus toxicodendron* ? After hearing this are you still prepared to ridicule the power of the small or infinitesimal dose ?

The two most wonderful physical entities presented to us in this creation are: the infinitely large and the infinitely small. We can look up into the starry sky at night, mixing our wonder with worship. We can also look through the oil immersion or study the ultra-violet photographic records of the viruses and forgetting, if we can, their terrible pathogenic power, still combine our wonder with worship. Letting our imagination go beyond our present optical powers we can wander into a world where even the particles of a virus can become, relatively speaking, immense. Each particle composed of its constituent molecules, never coming into contact with each other. Each molecule with its constituent atoms, also likewise separated from one another. Each atom like a miniature universe, with its central relatively large proton surrounded by its variable number of rapidly moving electrons. Thinking along these lines I say again, How can we presume to belittle the infinitesimal or presume to set a limit to the potential activity of matter, be its mass ever so small.

Mercury given orally in material doses is practically inert. Passing through the body unchanged

it produces no symptoms apart from a transient diarrhœa, but triturated with chalk in the form of grey powder it becomes exceedingly powerful. Grey powder is a mechanical mixture. Its constituents can be recovered by mechanical means and when we administer it we are giving mercury and chalk and nothing else. (At this point the five specimens mentioned below were handed round for inspection. The similarity in appearance of specimens 1 and 2 was noticed, and the presence of metallic mercury in fine globules was apparent in specimens 3 and 4).

- Specimen 1. Pulv. Hydrag. *c.* Creta B.P. ($33\frac{1}{3}$ per cent.).
- „ 2. A trituration of mercury made with lacrose $33\frac{1}{3}$ per cent.
- „ 3. Test tube containing a small quantity of specimen 1 + chloroform.
- „ 4. Test tube containing a small quantity of specimen 2 + water.
- „ 5. Test tube containing a small quantity of powdered chalk + chloroform.

Twenty grains of grey powder, prepared according to the British Pharmacopœia, contains approximately six grains of mercury. Here we have an example of an inert substance acquiring marked toxic powers simply as a result of mechanical subdivision. Is it unreasonable to suggest that further subdivision will result in the acquirement of still more power? But I do not wish to put ideas for

experiments into your heads, experiments which were successfully carried out more than a hundred years ago by Hahnemann.

To pass from an interesting but perhaps rather gross example of the power of the small dose, let up consider the power of the snake venoms. A dilution of 1 : 10 to the power of 17, which is one part in a hundred thousand billions, of the venom of Russell's viper still retains its power of reducing the coagulation time of hæmophilic blood.

The three examples I have given should, I think, be sufficient to refute any attack which might be made against Homœopathy on the ground that the small dose is an absurdity, but you will remember that I made the statement that Homœopathy was *not* the administration of drugs in small doses. Certainly "small doses" are used but there is a lot more in Homœopathy than that. To get the maximum effect from the small dose or potency as it is called, this has to be prepared in a definite precise way. Instructions for the preparation of potentized drugs are given in the Homœopathic Materia Medica and the preparatory routine, as given there, must be scrupulously carried out. I do not propose to enter into any details regarding this as it would occupy too much time, but I shall try to give you a simple outline of the material facts. If the drug or substance to be potentized is a solid, a small quantity of it, say one grain, is carefully triturated with some comparatively inert substance, such as Sac. lact., nine grains of the latter

being used if we intend to make a potency according to the decimal scale, ninety-nine grains, if according to the centesimal scale. The trituration must last at least one hour. We now have a $1x$ or a $1c$ potency according to the scale we are using. One grain of this potency is now similarly triturated with Sac. lact. and we now have the $2x$ or $2c$ potency again according to the scale we are using. In this way we ascend the "potency scale" until we reach the $6x$ when a strange phenomenon occurs, the solid becomes soluble. It is a phenomenon because it occurs when we are triturating or potentizing an apparently insoluble substance such as gold. You will have to take my word for this, but it has been definitely and conclusively proved and the proofs are available. If you are doubtful I shall be pleased to tell you where these proofs may be obtained. We can now ascend the potency scale more comfortably by means of dilution and succussion for which a simple mechanical device is available. Of course, with a soluble substance we omit the preliminary and fatiguing trituration. As we continue our ascent, *again* a peculiar phenomenon appears. According to our present knowledge of physics, when the eleventh centesimal dilution is reached, the triturated drug ceases to be present but again it can be demonstrated that "something" is present and proceeding upwards as far as the thirtieth centesimal, this proof of "something" being present is still possible by means of the Boyd emanometer. The higher potencies are also capable of demonstrating their power

clinically, sometimes in a dramatic and sometimes in an alarming way.

The Homœopathic Materia Medica has been compiled and is still growing, by :

Firstly. Studying and recording the effects upon healthy individuals known as provers.

Secondly. Studying and recording the effects of poisonous drugs, taken or administered accidentally or by other means, such as, cases of attempted suicide or attempted murder by poisoning, or the effects of poisoning by other means, such as poisoning by snake venoms, etc.¹

Thirdly. Recording any unusual clinical effect occurring while under treatment by homœopathic preparations.

When Hahnemann commenced his study of drug pathogenesis, he used what would be considered to-day to be comparatively large doses, but he soon discovered that by triturating the drug with some inert substance (he used sugar of milk) better, that is more detailed, provings were obtained. From the symptoms produced in the provers, and these were all verified by subsequent repetition of the proving with occasional substitution of unmedicated sugar of milk to eliminate the psychological factor, he was able to build up a picture of the drug as it affected the healthy individual.

He had been driven to his researches by his disgust at the condition of medical practice

at that time. His brilliant mind was quick to notice the resemblance between the symptomatologies of diseased conditions and drug action, and the discovery that diseases could be cured by the administration of the similar remedy soon followed. For example, the symptoms of *Belladonna* poisoning are very similar to a large percentage of cases of scarlet fever, and potentized *Belladonna* is about the commonest homœopathic remedy for scarlet fever to-day just as it was in the time of Hahnemann, but *Belladonna* will not always be the remedy. That is what I meant when I said that there were no specifics in Homœopathic. The remedy must be similar to the totality of the symptoms.

When you prescribe for your patients small doses of *Vin. Ipecac.* for the vomiting of pregnancy, you are practising a crude form of Homœopathy. You are practising Homœopathy although you may not be aware of it. Added to your cough mixtures it also has a homœopathic action although, admittedly, if the dose is moderately large its physiological emetic action may be beneficial to a certain extent by helping to clear the bronchial tubes. When you add *Tr. Camph. Co.* to your cough mixtures you are slowing down the action of any of the more potent drugs which may be present in it, for camphor has this effect and it is a well-known fact that the presence of camphor in minute quantities antidotes the homœopathic action of most, if not all, homœopathic potencies.

I am firmly convinced, at present, that no drug is capable of curing a diseased condition except by its homœopathic action. We are hearing a lot to-day about the sulphonamides, and no one can deny that spectacular results can be produced by their administration. They seem to be capable of curing almost every disease, but I can still remember the furore which greeted the appearance of mercurochrome, now almost forgotten, and I am trying to put a curb on my enthusiasm for these new drugs. I am trying to keep "the open mind". I admit that it is hard to do so, but so far we have had no satisfactory explanation as to how their curative action is brought about. Is it possible that the much longed-for internal bactericide has at last been discovered? A substance capable of killing pathogenic organisms living in the human body, the tissue cells of which are themselves more susceptible to attack and injury than are most of the pathogenic organism themselves. It is possible, although to me I must admit it seems highly improbable, but again I say I am keeping "the open mind". I have a strong suspicion, however, that the action of the sulphonamides is a homœopathic one. Time and much hard work will, I suppose, eventually enlighten us. Certainly their discovery would appear to be one of the greatest ever achieved in the history of medicine.

Homœopathy maintains that drugs have two actions: physiological action when given in

moderately large doses, and a homœopathic action when given in small or potentized doses. The homœopathic action may follow the administration of a small dose not necessarily potentized. *Opium*, for example, in large doses causes constipation, in small doses diarrhœa. In large doses, drowsiness, proceeding to coma. In small doses, it stimulates and causes sleeplessness. In the *B. M. J.*, quite recently, much valuable space was given up to reports and discussions on the abdominal pain which sometimes follows the administration of morphine.

Corrosive sublimate in certain doses causes a violent enteritis. In small of doses it is almost a specific for dysentery. Our old friend *Rhus toxicodendron* is likewise almost a specific for rheumatism. acute or chronic. but remember its symptomatology—the pains relieved by movement, the irritability, the depression, the characteristic tongue. *Bryonia* is used just about as frequently as *Rhus* for rheumatic conditions but its symptomatology is quite different. *Pulsatilla* for measles. As an orthodox practitioner you cannot go far wrong if you give the patient a few powders of this remedy for there is no other treatment for measles apart from nursing and common sense. but if you give *Pulsatilla* which is so often indicated, and it happens to be the right remedy, as it usually is in nine cases out of ten, you are unlikely to be troubled with any of its very troublesome complications.

Surely statements such as I have made and put before you form a definite challenge—"The challenge of Homœopathy." Can you afford to ignore this challenge? Is it not worth while meeting it and giving Homoeopathy a trial? I venture to make assertion that, should your interest in Homoeopathy be aroused sufficiently to make you give it a fair clinical trial, you will sooner or later, depending upon how long it is before you administer your first really similar remedy and see the dramatic result, become a confirmed homoeopath. You may, as all of us have experienced, have many failures, but perhaps your very first attempt will convince you. I can still remember vividly the impression made upon my then sceptical mind after having given my first crude home-made potency of *Mercury* to a child whose mouth was covered with thrush. It was the worst case I have ever seen, and as you know, the condition is common enough. The result of this crude homœopathic treatment was that the next day the mouth was completely clear, not a particle of thrush to be seen anywhere. What a saving in Borax and glycerine! Now I do not wish you to imagine that this was the result of clever homœopathic prescribing, but it was obviously the similar remedy and the dramatic result followed as a natural corollary. I had reasoned somewhat in this way: "*Mercury* produces a stomatitis in a healthy person, therefore in small doses it should be of value in this case." It was a shot in the

dark but fortunately a correct one, for it not only cured the patient but it convinced me of the truth of Homœopathy.

I remember making a promise that my paper would be a brief out. It is not an easy task to compose an introduction to Homœopathy and at the same time to make it a brief one. The field is so vast, the methods of approach so many, and the evidence and material so abundant, that there is always great difficulty in deciding what to leave out in order to achieve brevity with safety. Doubtless I have omitted much that is of importance, but I sincerely hope that I have succeeded in arousing your interest in this most interesting subject, and I thank you for your patience in listening to me thus far.

The easiest way, I again repeat, to meet the challenge of Homœopathy is to give it a personal clinical trial.

Reading may convince you and, of course, a certain amount of study is essential before you can put the hypotheses to the test, but do not condemn it until you have tested it clinically. I do not think I can emphasize this too much. You will be helping to close the breach which, unfortunately, still exists between the two opposing factions.

All differences of opinion eventually lead to a further advance along the way of truth. In the light of new discovery Prejudice has always been forced to yield, and Bigotry has had to retire

and hide its face from the searching luminosity of unchallengeable facts—facts which turn false theories to ashes, soon to be swept away to the realms of oblivion and clearing the way of Truth for further advance. Even Homœopathy may be one of the false theories. If you think so, do your best to disprove it, but do not join the large throng who condemn it, untried.

"The road leads upwards all the way," but not to a *bitter* end ! May you all reach a happy ending as I, who have had the great privilege of speaking to you to-night, do so now.

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SYPHILIS : A COMPARATIVE STUDY OF DIAGNOSIS AND CURE.

C. P. BRYANT, M. D.

IN ARRIVING at the present status of syphilitic therapy, research has brought to light the following :

From *Modern Clinical Syphilology*, 2nd Edition, 1936, by John H. Stokes, M.D., Professor of Syphilology, University of Pennsylvania, formerly head of the Section on Syphilology at the Mayo Clinic, member of Commission on Syphilis, League of Nations Health Organization, and Consultant in the U. S. Public Health Service.

"At the *League of Nations Conference on Syphilis Treatment*, Queyrat, from a large French experience, made the informal statement that the detoxification of antisyphilitic medicaments had proceeded to the point where many of them were therapeutically worthless. Other observers, both in this country and abroad, including Kolmer and myself, have maintained this position. The work of Dale and White, and of Voegelin and his associates in demonstrating the extraordinary fluctuations in therapeutic effectiveness that occur in market lots of neoarsphenamine will be more fully discussed later. The recent demonstration by Kolmer, Schamberg and Brown that the currently used trypanocidal test for arsphenamine therapeutic efficiency is not satisfactory as a test of spirillicidal activity" (p. 173).

"To decide with accuracy and promptitude. first, whether the patient has syphilis or not, and second, what form of modern treatment will most nearly approach the curative goal, is anything but a simple matter from the standpoint of the public health" (p. 174).

"Weigh the risks against the benefits : There are risks so serious, especially in the treatment of late cases by intensive methods, that the patient should not be asked to take them. There are benefits so doubtful and methods so double-edged that a hair-line judgment can every properly be drawn between the decision to do or not to do" (p. 175).

"Therapeutic shock : Jadassohn, in 1898, and Finger, in 1910, gave confirmation, the latter observer first noting the much more striking effect of arsphenamine as a source of such reaction. The term "therapeutic shock" used throughout this work impersonalizes the observation but emphasizes its potential gravity and significance, which are often paramount in the later stages of syphilis and in the involvement of vital structures *in which local edema and reaction can have serious and even fatal consequences*" (p. 177).

"Therapeutic paradox : The intense action, particularly of the *arsphenamines*, produces not only therapeutic shock but a rapidity of healing which has *disadvantages sometimes far exceeding any possible advantage*. In early syphilis, rapid healing provided it be accompanied by adequate spirillicidal action, is ideally desirable. In late syphilis rapid healing is tantamount in many cases to a high degree

of fibrosis and replacement of organ parenchyma, which may have the most serious effects. It was presumably with such considerations in mind that the original directions for the use of arsphenamine, as pointed out by Wile, contained explicit cautions against the indiscriminate use of the drug in late syphilis of the visceral and cardiovascular apparatus. To Wile belongs the distinction of having formally revived these cautions after a decade of indiscriminate enthusiasm and to have pointed out the seriousness of what he has called therapeutic paradox as a general problem of treatment. My contacts with the older clinicians have gradually weaned me away from the excessive confidence in the arsphenamines which I shared with the arsphenamine therapeutic generation a decade ago" (p. 179).

"A typical example of arsphenamine therapeutic paradox appears in the treatment of syphilitic cirrhosis of the liver. The patient with a markedly enlarged, diffusely involved cirrhotic liver, but showing no evidence of portal obstruction, is placed at the outset on arsphenamine treatment, and makes an initial rapid response with improvement in general condition and marked reduction in the size of the liver. This therapeutic gain, however, is too often shortlived. Presently the patient begins to lose ground ; the shrinking of the liver by the rapidly developed fibrosis is accompanied by obstruction of portal circulation, ascites appears and serious complications with perhaps an ultimately fatal outcome, too often ensue. In a case of this sort the rapid healing effects have so seriously

interfered with the circulation and function of the liver that by virtually reducing an important viscus to a mass of fibrous tissue, the drug has killed the patient while 'curing' the disease. In coronary and myocardial involvement the rapid advance of myocardial fibrosis and embarrassment of circulation by coronary occlusion is one of the distressing sequels of the too ready use of arsphenamine in syphilitic cardiovascular disease. DeSchweinitz has repeatedly emphasized to me the damage done by fibrotic healing under arsphenamine treatment as applied to ocular syphilis" (pp. 179-180).

"Intuitive and experiential factors : It has always been hard to realize that our vision of what is really happening under treatment is indirect and subject to unknown correction in term of peculiarities of host and organism, for which we have no means of measurement or detection. We expect standard results for standard amounts of treatment, as if we were carving a block of known hardness with stools of a known edge. Instead, we obtain a central group of good results, a margin of medium results, and a fringe of failures which, when seen in itemized form, looms large. It is not too much to say that there is a modern technic whose effectiveness can be expected to range from 50 to 100 per cent for the achievement of every practical therapeutic aim in connection with the disease. To refer to hearsay or to the instructions on the drug wrapper, may lead to a catastrophic denouement" (pp. 180-180).

"System vs. individualization : While this phase

of the disease may tolerate the therapeutic pounding appropriate to the radical cure objective in the early weeks or months of the disease, it is a very proper question, involving many still unsolved problems in the defense mechanism, as to whether such routinized and perhaps overenergetic treatment is necessary or desirable. Certainly, with respect to the older patient suffering under the handicap of increasing years with their attendant incapacities of syphilitic and other origin, therapeutic bludgeoning can not be made a routine" (p. 182).

"The parasitotropic views : A number of investigations have shown that the mode of action of one therapeutic compound upon two different types of organisms or even upon two species within the same family, may vary considerably and that compounds within the same group, as for example, the arsphenamines, may act in different ways upon the same organism. This makes grouping extremely difficult but none the less not wholly impractical" (p. 187).

A schematic comparison of arsphenamine, bismuth and mercury (p. 188).

Arsphenamines	Bismuth	Mercury
Induces therapeutic paradox and healing fibrosis. Hence dangerous at the outset in late syphilis of vital structure. Toxic for heart and blood vessels. Toxic for liver and skin. Gastro-intestinal toxicity annoying, not serious.	Too slow for public health purposes.	Practically not directly spirillicidal. Does not control infectious lesions. Totally inadequate alone in early syphilis.

"Treatment allergy : The arsphenamines have a distinctive and unfortunate peculiarity of great importance to the general management of treatment for syphilis. This is the ability, when insufficiently used, particularly, to induce a state of hypersusceptibility in the patient, which results in fulminating relapse, provided the infection has not been extinguished. The analogy of this peculiar state to the 'umstimmung' or allergy of late syphilis is quite apparent clinically, for the allergic type of relapse usually takes on the clinical characteristic of huge and destructive gumma formation in skin, bones, or even the nervous system. A convenient though by no means an evaluated theory of this sometimes disastrous result of insufficient treatment is the view that the rapid destruction of the organisms of the disease by the arsphenamine group of drugs deprives the body of its one primordial and essential stimulus to fight the infection on its own account, namely, the presence over a long period of time of the pathogenic agent" (p. 197).

"The radical or complete curability of syphilis in man remains to be proved. The control of the disease by prevention of infection is possible" (p. 230).

"Warnings of hepatic complications : Some liver injury probably accompanies all treatment with arsenicals and may be serious" (p. 482).

"Therapeutic shock · as has been stated, occurs in all acute processes in the eye when treatment for syphilis begins, even, paradoxically, when there is

no syphilis present, as in nonspecific therapy (see p. 203). Hemorrhages into the vitreous may be precipitated in patients who have had them before, and a nonspecific uveitis may show a marked flare-up with subsequent improvement. A warning should be given relative to the importance of inquiry into ear symptoms before the first injection of arsphenamine is given, particularly in early syphilis, for the *effects of therapeutic shock in such cases are apt to be permanent and disastrous*. The other cranial nerves have, in my experience, shown no intrinsic drug reactions, whatever" (p. 503).

Studies on Granulocytopenia—Von Bonsdorff, Bertel—Acta Medica Scandinavia, 91 : 552-609 (April 23) 1937. In three cases the illness was probably caused by antiluetic treatment with neosalvarsan and bismuth. Two of the patients succumbed.

FAILURE OF (606) TO CURE SYPHILIS

At the meeting of the French-speaking dermatologists and syphilographers at Brussels, July 24 to 28, 1926 (Ch. Flandin, Bull. med., Paris, 1926, 1251), the question "Does one cure syphilis?" was asked by Flandin at the meeting of syphilographers, and it was followed by vehement applause and protest. Flandin is of the opinion that, excepting in the initial stage, preserological chancre, our present-day therapeutic methods, do not enable us to remove treponemata from the organism, where they continue capable of producing late cutaneous

diagnosis that has been thoroughly and carefully developed. Under the very best circumstances the laboratory merely supplies some evidence."

Dr. Louis J. Soffer has written an article for the American Journal on Syphilis, May issue, 1937, entitled: "Postarsphenamine Jaundice," where we find the following:

"The available evidence certainly suggests that long-continued use of arsenical compounds may produce progressive damage to the liver. This hazard is further increased if, during the course of treatment with arsenicals, enough liver damage is incurred to produce icterus. It has been shown that patients who have had an attack of catarrhal jaundice may demonstrate evidence of impaired hepatic function for many years after the jaundice has entirely subsided. It is entirely justifiable to assume that the same may be true of patients who at some time or other developed postarsenical icterus."

Erich Hoffman, writing for the Journal of Pediatrics, 9: 569 (November) 1936, on "Congenital Syphilis: In the Light of Thirty Years' Investigation of the Spirochete and Twenty-five Years' Experience with Salvarsan," makes the statement:

"Congenital syphilis shows a characteristic tendency toward spontaneous healing...The writer has usually avoided dosages of more than 0.01 gm. neosalvarsan per kilogram and *has had success with these small doses.*"

RELIABILITY OF DIAGNOSIS

Allopathy is dependent in the treatment of disease on a proper diagnosis, while in homœopathic prescribing diagnosis is not a requisite. There is hardly any disease extant that so baffles, as does syphilis, the intelligence of a physician in making a correct diagnosis, even where combined laboratory and clinical evidence seems clear.

The following startling statements are found in "Modern Clinical Syphilology," by John H. Stokes, Professor of Syphilology at the University of Pennsylvania :

"Inevitable margin of error : Shows that there is no such thing as errorless serological tests for syphilis. Even when the test is performed by originators, this error may be extremely serious. In spite of the superior accuracy of spinal fluid test, no doubt false positives, both technical and biological, do occur. It is even possible for the spinal fluid to contain spirochaeta and pallida and yet be entirely negative in all four tests, in spite of the fact that spinal fluid offers the most accurate means within present knowledge in the diagnosis of syphilis" (p. 161).

COMPARATIVE THERAPEUTICS

The question of prime importance in the treatment of the sick is : *What means constitutes the most rapid and safe restoration to health ?*

Alexis Carrel. in "Man, The Unknown," p. 206, makes this statement :

"Among human beings some are subject to disease and others are immune. Such a state of resistance is due to the individual's constitution of the tissues and the humors which oppose penetration of pathogenetic agents or destroy those that have invaded our body. This is natural immunity. This form of immunity may preserve certain individuals from almost any disease."

In Tice's Practice of medicine, Vol. I, pp. 195-196 we find the following ;

"There is evidence to show that natural immunity in certain diseases may depend in part if not altogether upon *natural anti-toxic content of the blood.*"

The autonomic nervous system, including sympathetic and para-sympathic systems, with their control of the endocrine system, sensorium commune, and the diencephalon, including the hypothalamus, constitute the defense mechanism necessary to bring about the cure. It has been well established that cures are possible ONLY through this defense mechanism,

The allopathic school of medicine makes use of the physiological effect only, and the effect of this physiological dose is to *depress* the defense mechanism, while homœopathic remedies by their antigenic action favor the formation of anti-bodies through their *stimulation* of the defense mechanism.

Large doses of arsphenamine and mercury tend to suppress anti-body formation and cause decrease

in complement. Small doses tend to decrease the production of agglutinin and augment the complement.

Drugs prescribed in physiological dose have their effect solely upon bacteria, while drugs prescribed according to the Law of Simillia have no bactericidal action. Bactericidal drugs having their effect primarily on bacteria or spirilli produce endotoxins—toxins liberated from the protoplasm of dead spirilli and bacteria. Endotoxins produce degeneration of organs, thus sterile death is produced where cultures from the organs and tissues with the spirilli in question have been destroyed but still the individual dies. The effort to produce passive immunity against disease by means of bactericides may fail in spite of the destruction of all the spirilli present in the body by reason of the liberation of endotoxins.

From the foregoing we see clearly the danger of destroying normal susceptibility or the reactivity of the human because of the interference of the normal susceptibility brought about by physiological prescribing. The homœopathic remedy will establish immunity but does not suppress the defense mechanism nor diminish the state of susceptibility. It is possible to cure syphilis by the high and highest dilutions, by which permanent cures have been made within a period of a few months.

I note an item published in the New York Herald Tribune of May 11, 1938, by Paul Hale Leary, Head of Section of Dermatology at the

Mayo Clinic, in which he states that one-third of those contracting the disease are cured spontaneously, often without medical aid, through defense body mechanism ; another third, he states, get only a mild reaction, and the rest are those suffering all horrible effects. This would seem to plainly point to the fallacy of treating syphilis by drugs prescribed according to the physiological effect.

HOMŒOPATHIC TREATMENT

I wish to report an experience of my own where a patient whom I treated more than ten years ago in the tertiary stage of syphilis, there being complete destruction of the nasal septum with extension to both superior maxilla, with the extreme foul odor so characteristic of bone necrosis, was entirely cured by *Nitric Acid*, in potencies 10M, 50M and CM, with a period of six months. All of the diseased surfaces entirely healed with complete disappearance of the foul odor.

The Organon, a quarterly Anglo-American journal of homœopathic medicine and progressive colateral science, Vol. I, p. 359, has reported the following cases :

Case 1 : A patient consulted Dr. Morrison, M.D., of London, after he had had an illness of twelve months. He supposedly recovered under allopathic mercurial treatment, although the second finger of the right hand remained swollen and stiffened. At the time of reporting to Dr. Morrison the syphilitic rash had recently appeared, and

was in full bloom, very prominent on forehead, chin, arms, and front of thorax, with small ulcer on fraenum of penis. Patient was a short, muscular man, around 30 years of age, active habits, fair complexion, and excitable temperament. *Merc. Sol.* 6 given thrice daily. This benefited the ulcer, but failed to touch the rash. *Merc. Iod.* 3 was prescribed. One month later new complication arose in acute conjunctivitis, affecting left eye. Ulcer on fraenum healed, but rash, from which peeled off an abundance of fine scales, scarcely altered. A large prominent spot in the centre of the forehead, filled with fluid. *Ruta-g.* 6, with Ruta lotion. Six days later iritis supervened, with nocturnal aching in eyeball. Ruta 6 continued, with directions to bathe eye freely with hot water. In three days the nocturnal aching increased in severity, lasting from 2 to 5 A. M., extremely violent. *Syph.* given at bed-time. For five days no return of pain; eye greatly improved, both in appearance and sight with general rash showing signs of abating. Week later *Syph.* again prescribed for slight return of aching pains in eyeball. After *Syph.* being taken for four days, rash became stationary and, with exception of arrest of pain, eye-symptoms ceased to improve. Medicine therefore discontinued. Improvement again set in. In eight days eye could bear light fairly well and sight, though misty, decidedly improved. No medicine given. Fifteen days later no pain whatever; sight still dim; rash steadily dying off. Week later eye clearer and stronger; bore light well with

rash abating and appptite excellent. *Syph.* one dose. In eight days improved in all respects with fluid in prominent spot in centre of forehead entirely absorbed. Nine days later one dose *Syph.* given. In ten days sight "almost-as good as ever"; face nearly clear with spot on forehead scarcely noticeable. Faint rash, chiefly on arms. No medicine given. About a month later patient continued to improve and stated did not intend to call on the doctor again. The swelling on the anchylosed finger had decidedly diminished. Month later reported as perfectly cured and remains well.

Case II: A woman aged about twenty-five; married three years; one child; contracted syphilis eighteen months prior to calling upon Doctor Morrison. At that time had a fistulous ulcer under right lower maxilla; leucorrhœa; alopecia; mental depression; malaise. Came especially because of ulcer, which allopathic treatment had failed to cure. *Silicia 12*, given 3 times a day. Within a week ulcer diminishing. She still had leucorrhœa and complained of severe aching in legs. *Silicea 30* prescribed 3 times a day. Ten days later, there being general improvement, *Silicea* continued. *Silicia 200*, morning and night eleven days later, with ulcer still lessening but patient suffering severe shock to nervous system. Fistulous opening nearly healed within three days but patient complained of severe attacks of achings in lower limbs, but could not remember whether during day or night; also, coronal headache. Few days previous sore formed on right labia majora and

extended to left, but had improved. *Syph.* prescribed, one dose. Within ten days the pains went into lower limbs and sore on labia had entirely healed, but patient complained of bursting sensations at crown of head as if from severe cold ; occasional achings in teeth of left upper maxilla ; pain in three toes of right foot, as if disjoined ; nausea ; thirst ; feverishness. No medicine given. Three weeks later improved in every respect with only slight nausea remaining. Sub-maxillary ulcer had healed and there was marked improvement in general health. *Syph.*, one dose, given. The fistulous ulcer returned but yielded to subsequent treatment.

[To continue.

RELATA REFERO.

On Saturday the 3rd. October 1942, in opening the 10th. annual convention of the International Hahnemannian Society of Calcutta, the Hon'ble Mr. Santosh Kumar Basu, Minister in charge of Public Health and Local Self-Government Department, Government of Bengal, stated that the abnormal international situation together with dislocation of normal life in the country stood in the way of taking up many nation-building activities in spite of keenness on the part of the Ministry. Hence, the establishment of a Faculty for advancing the cause of the practitioners and also the

cause of the science of Homœopathy should wait for better days.

* * *

How exquisitely this statement and this overture of hopes fall in line with utterances from Whitehall !

* * *

The Government has no financial burden to bear for a Faculty of Homœopathic Medicine. The pre-requisite sum of Rs. 10,000/- has been deposited in response to the Government's demand. The skeleton of the Council and Faculty was framed and gazetted. Now appear the external and internal situations in team to resist the beneficent activity of the Government Department whose function is concerned neither with the military nor with internal law and order. What an irony of Fate !

* * *

"Old order changeth yielding place to the new." In the Corporation of Calcutta I saw Mr. S. K. Basu humanly humane. In the Ministry I see the Hon'ble Mr. S. K. Basu politically humane.

* * *

"Observateur".

—O—

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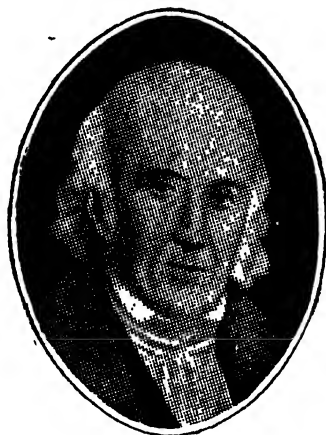
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October, 12, 1942.

THE HOMŒOPATHIC HERALD



Vol. V.

No. 10.

Dec., 1942.

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THE HOMŒOPATHIC HERALD.

Vol. V. **DECEMBER, 1942.** No. 10.

Editorial

BENGAL CYCLONE DEVASTATION.

Harrowing tales of unprecedented destruction of lives and homesteads owing to cyclone and tidal rise of the sea are pouring in daily from the afflicted areas in Midnapur district and parts of Diamond Harbour sub-division. Eye-witnesses admit their failure to give an adequate picture of the extensive devastation. The air is thick with stench of the decomposing bodies of men, cattle and birds. Tanks had either been filled with saline water or polluted by decomposing corpse and carcase, making the problem of water supply most acute.

His Excellency Sir John Herbert, Governor of Bengal, has issued the following appeal in connection with the relief of the people in those widely affected areas :

"We are all deeply shocked by the terrible suffering and loss of life which has resulted from one of the most devastating cyclones in the history of Bengal.

The Government is doing everything within its power to alleviate distress ; but there is still immense scope for work which can be carried out from charitable sources.

In these circumstances I am issuing this appeal in the confident hope that it will meet with ready and generous response from all sections of the people of Bengal. I am aware that others have already shown their desire and determination to help by issuing appeals in the same cause and I should like to invite all such persons to co-operate with me, so that we may unite in offering the sufferers a concrete expression of our sincere and heartfelt sympathy with them in the appalling calamity.

On an occasion such as this all disruptive tendencies, political and other, must give way to the urgent call for united humanitarian assistance.

I propose to form a representative committee to co-ordinate relief, and to organise a central collecting centre for gifts in kind.

Clothing and other necessities for the homeless as well as monetary donations will be gratefully received. Subscriptions should be sent to :—

The Secretary, Cyclone Relief Fund, Government House, Calcutta.

Gifts in kind should be sent to :—

The Officer-in-Charge, Cyclone Relief Stores, 21, Bow-bazar Street, Calcutta."

Immediate relief is imperative for providing foodstuff, clothing, material for erecting temporary shelter, drinking water, sanitary measures, medical-aid.

Doctors of all schools of medicine have a social, moral and humanitarian duty to do gallantly in the service of God and man by extending medical aid to the survivors of the catastrophe. In this calamity

medical aid is not less valuable than monetary help, and is not less welcome or less appreciated.

Dr. A. D. Mukharji, President, All-India Medical Licentiates' Association has issued the following appeal for Medical men :

"In connection with the relief works in the cyclone and flood affected areas of Midnapore and 24-Perganas where services of medical men are direly needed, on behalf of the All-India Medical Licentiates' Association I beg to appeal to the members of the profession willing to volunteer their services to register their names with me. I also beg to inform the different organisations rendering aid to the afflicted people to count upon the services of the members of our Association which is prepared to supply the requisite number of medical men. I shall be glad to have their requisitions also."

Have the Homœopathic medical practitioners in Calcutta, to wit, in Bengal, with all their *Societies, Boards, Associations, etc.*, as yet formed any organisation to send doctors to the affected areas to give aid to the afflicted survivors? Should they have the heart, we feel the Ministry will have the good sense of enlisting their service by conferring on them the statutory recognition. This will at once solve Government's perplexing problem of funds necessary for purchasing the most expensive yet unavailable medicines of the dominant school.

PREVALENT MISCONCEPTIONS OF PULMONARY TUBERCULOSIS.

In this *Practitioner* article by Dr. Brian Thompson of the Clare Hall Sanatorium there are some useful and interesting observations. The normal bronchial tract secretes, it appears, an average of 10 oz. in twenty-four hours. This secretion, raised by ciliary action, runs insensibly into the œsophagus, mixed with saliva. It is too easy to see, therefore, how in sufferers from pulmonary tuberculosis—apart from deliberate suppression (whether for æsthetic reason or from sheer laziness) of expectoration—infected material may get into the stomach, and tubercle bacilli may appear in large numbers in the fæces. At Clare Hall Sanatorium no patient is regarded as “negative” until gastric lavage has proved him such. Out of 114 patients with pulmonary tuberculosis, who either had no sputum or whose sputum, after repeated examination both by direct smear and after incubation, was “negative”, 35 per cent were found to be “positive” after examination of the gastric contents. This is clearly, from the public health point of view, a matter of utmost importance.

Drenching night sweats are according to Thompson, quite uncommon among consumptives. [They are probably found almost exclusively in very advanced “hectic” cases.] Young children get heavy night sweats from a number of (often

trivial) causes. They sweat more readily than adults when at rest.

A warning is directed against being deceived by the appearance of health in the tuberculous. "Prograssive, destructive tuberculosis may be accompanied by good nutrition and physical well-being, and even by normal temperature and pulse rate, after rest in bed has brought control of the actual "toxæmia." [Apropos of "normal temperature", the thermometer should be used in these cases three times a day, including a 3 to 4 p. m. recording—a precaution not always observed in general practice.]

As regards blood examination, blood-sedimentation rate may be increased, and this usually significant; and the polynuclears may be increased.

The subcutaneous test for tuberculosis, it is good to learn, has been generally dropped. In the the digester's view it is distinctly dangerous as likely to light up quiescent focus, as appeared in a case quoted in a former batch of "digests". It is also now known, Thompson says, that sensitivity to tuberculin bears no definite relation to present disease. Patients in the last stages of lung infection often entirely lose their sensitivity to tuberculin.

A note of warning is sounded on physical examination as a means of determining activity in an established lesion. Crepitations heard over such a lesion used to be considered proof of exudate in the alveoli; but it is realised now that thickened pleura or compensatory emphysema around the lesion may account for the abnormal sounds.

Moreover, fine rales may actually arise not in the lung-alveoli but in the bronchi.

Mitral infection is clearly not as rare as has been thought. The radiological studies of Opie and McPhedran (1932) has shown significant tuberculosis in the consorts of the phthisical to the extent of 46.6 per cent of husbands and 35.5 wives.

"Almost equally fallacious", says Thompson, "is the so-called 'law' of Marfan, which states that ".....tuberculous lymphadenitis in the neck tends to protect.....from subsequent pulmonary tuberculosis," Wallgren (1922) in a follow-up of 78 cases operated on for tuberculous cervical glands, found 13 who had developed pulmonary tuberculosis. [Yes, but they had been operated on. Suppose they had not been operated on ?]

The freely expressed view that the fatality rates of patients discharged from sanatoriums now are no better than those of thirty years ago should be qualified by the strong probability that formerly many of the patients were really suffering from bronchiectasis, unresolved pneumonia, nasal sinusitis, or bronchitis. And there is no doubt of the value of artificial pneumothorax in enrolling "the growing army of patients living and well, many of them usefully employed, all of them sputum-negative and harmless to their fellows."

—Critical Digests, *The British
Homœopathic Journal*.
Vol. XXXII., No. 1.

HOMŒOPATHY TODAY

JOHN HUTCHINSON, M. D.

DRUG PROVING

THE FOUNDATION OF THE SCIENCE AND ART OF HOMŒOPATHY

The first and succeeding symptoms of departure from normal health by the exhibition of a single potion of the remedy to be proved will be a guide for the administration of that remedy in a case that has developed from those early initial symptoms.

* * * *

Hahnemann states in his *Organon*, concerning drugs: "In order to perform a cure, it is necessary that drugs should possess the power of producing in the human body an artificial disease *most similar to that which is to be cured.*"

—F. A. BOERICKE, M. D.

Modern medicine has a very wide and a very definite aim. This aim is to understand fully the causes of disease, the exact vital disturbance, and the precise effects of therapeutic agents.

But the mystery of medicine is real, though it has been exaggerated. No extent of laboratory technique and demonstration can do away with a certain mystery that attaches itself to vital processes. Therefore medicine will remain forever an art. The art is practiced in the scientific spirit,

We take to the laboratory for examination and study many specimens obtained from the patient himself. The analysis may tell all there is to know about his material condition. Whereupon a diagnosis is established, and the ætiology confirmed. Perhaps a curative agent is revealed, and duly accepted.

Then there is a class of cases in which the routine is not as productive. There are patients who have had this

attention repeated at different times for as many different attacks of illness. In a sense ill health has been cumulative. Now one diagnostic appellation will not suffice. It is a chronic case, and there are many diagnoses, whatever may have been the first or later ætiology. There has been a succession or a sequence of disturbances here and there throughout the organism (loosely speaking) and the tissues affected have not returned to the normal,

Still another class of cases seeks cure. This third class is a very large one. These patients are not only afflicted with bodily and material ailments that may be discussed in laboratory terms ; they have multiple ills that seem to belong to an immaterial cause. Just as the neurasthenic suffers from a multitude of distresses representing no tangible morbid basis, so these sufferers are manifestly ill of such distuned, latent, but inherent forces, that the coarser methods of diagnosis are inadequate.

Without doubt the greatest factor against success in these cases is failure to grasp the true ætiology. Indeed it is impossible to grasp it until it is dug for, and often tiresome digging is unrewarded. Instead of the nugget, nothing but debris.

One significant reason for this is that the worst chronic cases have a history, either covered or confessed, of protracted drugging. It has been the patent medicine or the acceptable prescription depended on and so repeated without authority, or a favorite "tonic" that has been consumed *ad libitum*.

Knowledge of drug effects, tonic, tolerated, and reactionary, informs us of the results to be expected from such habits. Furthermore, we know in detail of a finer-line syndrome manifested by sensitive patients who are peculiarly susceptible to a given medicine. Attention is being repeatedly called to the untoward effects of drugs on sensitive organisms, and the conclusion advanced that such are due to personal idiosyncrasy. If so, are such human beings more numerous than formerly ? And, if so, why ?

The local irritating effect of standard solutions of phenol and mercuric chlorid, systematic poisoning from the use of hair washes, throat washes, and skin lotions, dermatitis from chloral and the bromides, the diarrhœas of ferrum, and the ear and eye disorders from quinine are a few random illustrations of crude causation which are recognized sometimes. When they occur unrecognized, or when, in fact, other subtler effects of the drug persist unseen, the consequences are far more disastrous. As an instance, there are babies who are reared on cathartics; they develop into chronic adult patients. In these circumstances the exact cause of a condition may appear inscrutable.

But ever to be reckoned with is the fact that all medicinal substances—and their number is legion—will produce effects when introduced into the body. When they are unwisely administered the result is disorder. If repeatedly continued disease results.

Drugs can be administered properly and safely only on the basis of initial, primary, cumulative, and chronic action. The toxic action may be known, but it is not sufficient. Sudden death is only one kind of death. There are many other kinds. And the cause are none the less sure because unknown. The newly discovered forms of radiant energy are just as destructive in the hands of the tyro as they are useful under the control of him sufficiently learned and skilled in their employment.

The mixed and complicated cases of sickness that present themselves at hospital clinics and to the general practitioner or the specialists are due in large proportion to the chronic impress of one or more drugs improperly exhibited or intemperately used. This state of affairs is the more serious for the reason that its origin is not always obvious at first, neither can it be discovered without patient and persistent analysis. All the principles of homœopathy offer emancipation from such conditions.

The great and distinguishing characteristic of Hahnemann was that he was a marvellous observer; and just as we excel in observing we shall become successful practitioners.

—A. P. BOWIE, M. D.

Homœopathy deals with the human organism as if it were in itself exactly what it is, the most perfect healing laboratory in the world. It esteems this laboratory as one in which no abuses may be tolerated, no experiments of hazard condoned. This laboratory that invites and responds to homœopathy offers to the ear of science the accumulated results of its learning and its art as measured in the scale of human vitality and function. The laboratory of homœopathy offers to medicine a stable means of determining remedial values.

Preventive medicine worthy a name is exact homœopathy at the very first sign of disorder. So-called preventive medicine that depends on hygiene and sanitation is hardly an approach to its title as demanded by medical science and practice. The mother who rears her children well and sees that their faces, hands, and bodies are kept clean has made no tax on medical science; nor is medical science the sole creditor in the matter of sanitation, proper systems of water and milk supply, and all the cleanly habits of the public incumbent on ordinary civilization. These things belong naturally to other departments of economics. They are not medicine at all. They do remind medicine that the sick of all stages still await healing. There has been altogether too much shirking by medicine of her scientific duty to heal the sick.

Our remedies are constant in their work in the provings; they repeatedly produce their own pathogenesis; they in turn remove only their own kind; no science is more accurate nor more constant.

—ALFRED PULFORD, M. D.

To use animals (for provings) will not accomplish the objects, for drugs act differently upon animals and mankind.

—E. B. NASH, M. D.

Students of homœopathy must learn that drug-proving is a science. As such its mission and end is not to produce cases of nephritis, sarcoma or leprosy. The science of drug proving must be conducted by scientists of broader view. It is not our arbitrarily bestowed names of disorders that we want to live up to; it is rather to determine and record exactly the effect of a medicine on the whole organism or single individual provers.

It is not majorities that count in science and neither is it the majority of provers that decides the values of a medicinal substance. The one person most susceptible to the medicine may exhibit delicate reactions that belong to that particular remedy which will become of inestimable value in future prescribing. So delicate and important are the human responses to what affect the whole system.

Human beings are endowed with qualities and functions that differ often widely as between individuals. Personal characteristics go a long way toward making society interesting, brilliant, and progressive in the important progressions in and elements of life. And these characteristics are always to be reckoned with when the health of the individual is under examination, and when disorder of any kind has become apparent in the physical organism. For no trait of the system, physical, nervous, or mental is to be overlooked or slighted in the examination of the patient.

No greater mark of distinction can be placed upon the escutcheon of Hahnemann than the number of cures effected of chronic disease by his system of medicine, which for centuries on centuries have been considered perfectly incurable.

—THOMS SKINNER, M. D.

When, after years of investigation, Hahnemann described the chronic disease forces, he stated broadly and most comprehensively the problems of heredity and diathesis. His teaching as to the profoundly serious phases of chronic ill health, and their curability under proper medicine, completely refutes the general assumption today of the incurability of patients afflicted with chronic disease,

conception of what should be learned of the patient in any illness as outlined in his scheme is invaluable. It covers the case of illness in its completeness. Its mental selection compels homage. Mind health and its relation to body health was never so well shown before, nor since. Even if it is conceded that a man's mind is the best part of him, traditional medicine had to receive this emphasis from so-called Christian Science. And now, homœopathy, whose remedies for disturbed mental health are indispensable, is being told quite seriously that its remedies never reach the mind. What shall be said then as to the efficiency of those which restore to the mind its poise after fright, grief, anger, apprehension, delusion? It must at least be admitted that they reach and cure the patient.

The most conspicuous danger or menace to any school of philosophy or practice is assumption. It has wrecked a lot of handsome craft. It is so easy to sail away on a good-looking sea of statements, and then forget all about the old landmarks until we dash into them and meet destruction. It is so easy to believe what we wish to believe.

The extension of the practice of homœopathy will banish assumption. It will forbid a man of science to put forward his mere belief as anything worth attention. He may be a very good man, and we as patients may like him very much, but that is not to the purpose, the facts back of his or anybody else's belief are what count.

The homœopathist is one who practices homœopathy, not one who believes in it simply.—H. C. ALLEN, M.D.

In fact, it is the only system that has compassed all the bodily needs in medicine, having primarily begun its investigations at the foundation of a scientific inquiry.

As a primary truth it may be affirmed that no exact knowledge can be gotten of medicinal power without learning of that power through study of its effect on the normal, sound human organism. All administration of

drugs should be governed by this prior information. Safety and success depend thereon.

The range of drug power invites continual study, leading, as that will inevitably, into new fields of enormous area, and unexplored values.

The object of proving, then, is to discover the mode in which a drug affects living tissues, with a view of ascertaining its therapeutic uses.

—ELIZABETH E. ENZ, M.D.

Distinguished men in homœopathy are those who have proved remedies. Those physicians that have had the real sense of medical truth in the matter of healing the sick have almost without exception added to the *materia medica* valuable material in the way of proven remedies that have added immeasurably to the legitimate armamentarium of the capable doctor. Proven remedies in the school of homœopathy number over two thousand.

The process of proving a remedy is a very exact one and depends for its value on the keenest observation on the part of the prover or his guide. This means noting whatever symptomatology comes up after administrations of the remedy.

There is no laboratory work in the interest of medical cures that can compare in excellence and value with homœopathic provings. And this order of investigation is hardly known, not known at all in the ranks of dominant medicine. There, the usual sentiment is, "We know nothing about homœopathy and don't want to know."

This brings us to the main point : Is medicine for the healing of the nations or is it to gratify certain leanings towards "bigger and better" science ? Which reminds of a certain conversation had with a man of academic distinction. In discussing a newly vaunted exploitation in so-called medical science, he was asked, "But what is happening to the neglected sick while this novel idea is being demonstrated, with only a small percentage of benefit, while those not benefited remain sick or die ?" To which the academic one replied : "That is a point entirely negli-

gible, since good is going to result in large measure when all conclusions are assembled." This with a complete ignoring of the fact that already homœopathy provides relief and cure upon the basis of perfected discoveries a century ago, discoveries that are failing of utilization.

Thorough proving of drugs upon the healthy, therefore, was practically a new departure in medicine, and in fact constituted the first of the three grand steps which culminated in the evolution of a new, rational, and scientific system of medical practice. A. R. MORGAN, M.D.

A deeper, more comprehensive method involves further penetration. In addition to family and personal history there will be most carefully considered every peculiarity, abnormality, and characteristic of the particular individual, and these taken minutely into service for the treatment of the life of the patient. Then and only then can the *simillimum* be determined, and then it will do its work.

Amongst experimental and laboratory work of every kind, there probably will never be, as there never has been, anything to compare in importance with drug proving upon human beings. From this source has come our most useful knowledge of drug activity that may safely be coupled with its application to the human patient. Not only our school, but all systems of medicine, as well as the lay public, have gained from this teaching what is trustworthy in their knowledge of drug curative power.

And so, undeniably, medicine in the world at large has been directly influenced and modified down to the present day by Hahnemann's reforming spirit. Drugging the sick is no longer tolerated by the best of men of any persuasion, and the domain of the individual remedy is often respected. Furthermore, drugs introduced into notice by the homœopathic school have to some extent acquired a popular employment that is at least related to the appropriate.

These are facts not to be overlooked, but to be accepted with gratitude in the name of humanity. But such results alone are of slight stature when measured beside those to

be secured unremittingly by the physician trained to prescribe his remedies according to the guiding Law of Similars, and also by that physician whose ability and industry place within his vision the Ultima Thule so dear to the exact scientist, so glorious to the human sufferer.

For here is discerned, and perhaps most clearly, the precisely indicated remedy, the *simillimum*. This is that subtle thing, which, meeting disease, exerts a power, man as yet knows not how, nor where, nor when ; but surely, as surely as day follows night, this power is unfolded. It penetrates the hidden chambers of the organism, responds to the cry of helpless tissues, meets the need of suffering Nature, and restores to the man and to the world that wonderful entity, which speculation and science may not ignore, but which disease assails, "The Vital Force".

Hence, the word *simillimum* expresses exactly the highest desideratum in a prescription. It demands the perfectly indicated remedy, for its meaning is *most like*, nearest to, most closely resembling, of closest similarity, and our usage of the word implies the drug that will meet the symptom totality—the remedy that in its pathogenesis is most similar to the disease picture. In a word, it is the very drug that is requisite for the cure.

The healthy action of every organ of the body is dependent to a great extent on the normal state of every other organ ; and yet the specialist goes to work as if his favorite organ was entirely independent, doing business strictly on its own account.—C. PEARSON, M.D.

There are two ways of studying physiology. The human organism itself suggests both methods, for not alone is the mechanistic to be considered as embracing what we may know of function, we must also know what may be back of this obvious power. Which does not mean that we can know what is not revealed under normal circumstances of investigation. Perhaps the unending lure of medicine may be properly considered as having to do with mystery, mysterious life processes, about which there may be conjectures only in most cases.

While the means provided for normal digestion and nutrition are obvious and have been so for many years, while all the processes of food ingestion and its disposal are generally recognized, yet back of these trite happenings there lurk innumerable facts unexplained and in many instances incomprehensible.

We may order conditions in the field of standardization, so-called, and so meet, perhaps, the requirements of numbers of cases, as far as what seem to be prime essentials are concerned. But these cases will not even include always many of normal character because these delinquents will not react favorably to the measures instituted. Hence, therefore, there must be vital needs, the conditions of which we have quite neglected.

In all efforts toward standardization there is an invariable tendency to lose sight of the important, intangible, invisible agencies and forces. these are the prime activators of our best functions, of the most vital. They must always receive the respect of study and deference for their own identity before we can secure profitable information from the more obvious or the superficial expressions of the organism.

The technique of trying to discern each and every physical process that is going on in the human organism is relegated to the materialistic attitude. That is, when perception is lost for the unfathomable direction of the life force, which defies elucidation to the finite, limited human mind, the quest toward such comprehension is bound to be nothing more than materialistic. It cannot reach beyond that point. And that goal is negligible as far as any solution of the problem is concerned. Likewise the technique is futile. It is idle to approach any problem in the wrong way. The assumption that we can discern and reproduce vital processes is entirely without foundation in fact or experience.

We do not know all the functions of any organ or group of organs. Their prominent utility is accepted and perhaps

properly realized, but the coordinate functions and the intimate relation of those functions cannot be fully compassed by our investigation. This state of things is being steadily demonstrated in direct ratio to the attempt to discover those things that are beyond our privilege,

It is quite obvious then that what we are permitted to learn must be acquired in a different way, by different means, and by different methods. They surpass the materialistic and reach far beyond. Homœopathy has provision for this aim. After the method has been elucidated it would seem to be the part of reason to realize the fact that no knowledge of drug or other agent can be known until it has been learned. Its reaction has been shown by the human body and the human mind.

The "tryout" of various 'cures' by different people when ill is not a demonstration in any particular of their value.

Homœopathy provides a safe, intelligent, and permanent rule for the determination of merit in all therapeutic agents. They must be studied by their reaction on the healthy. That result is the only one by which their proper application may be found. No one can tell just how something is going on in the vitality of any organ, but it can be seen how that organ is affected by the agent of reactive response.

The value of proving: You learn things from provings which you (physicians) really learn in no other way. It indelibly impresses on your mind certain indications which you associate with definite individuals.

—DONALD MACFARLAN, M. D.

It is logical for homœopathy to prove every remedy. More than this, it is important that everything that is ingested by man—not medicine alone, but also foods—be proved in the human organism, which is the laboratory of homœopathy. As properly conducted, this normal experimentation never endangers life, but, on the contrary, is of permanent benefit to health in many cases,

The rather large question has not been carefully settled as to the propriety of forcing foreign substances directly

into the circulation by traumatic means. It is incumbent to learn the distinct effects of single substances upon the human economy when received through the buccal and gastric portals into the body. The method of systematic proving is not generally understood. We are often told that a preparation has been "tried out" as if the process were identical with "proving". But the actual difference is much like the two kinds of prescribing on symptoms. To begin with, symptomatology of a fine grade is almost entirely misapprehended by those who have not taken the trouble to study it. The sequences and the relationships that are of so much importance pass quite unnoticed by the pathologist. On the other hand, of small value for the requirements of prescribing is the gross symptomatology of headache, fever, diaphoresis, and of even less value is to so-called symptomatic prescribing accompanying it of a cathartic, diaphoretic, or other agent for a single deflection.

The finer facts belonging to homœopathy are not well elucidated by the superbly endowed biological laboratories of the present day. The methods of study therein are too crude. The aim *in toto* is crude. In scientific healing the truth must be recognized that the human temperament with which we must of necessity deal is impossible with what are or may be considered slight influences.

We cannot accept either physiology or pathology alone as the science of medicine any more than we can say that biology or chemistry, or psychology, is the science of medicine. Though having its important place in medicine, any one of these sciences is remote from the power to heal the sick. A little logic is enough to show that our knowledge of the science of physiology is likely never be large enough to enable us to construct, *sui generis*, a process that is disturbed, returning to its normal. We cannot restore gastric function by supplying the deficient secretion, whatever its chemistry. Our chemistry of pepsin, acids or alkalis is inadequate. It does not meet that peculiar demand which is vital. Chemistry does not reach it. We determine

that the system lacks iron, and then we administer that element in atrocious doses over an absurd period, but the tissues refuse to accept our bounty. How much more inductive reasoning will it take to teach successfully the lesson that a larger principle is involved in cure than that based on the presumption to reckon directly with the crippled function as if it were isolated, in the belief that chemistry inside the body is identical with chemistry outside the body ?

Homœopathy provides a better method for the care and cure of these conditions.

We can only know the whole subject of *materia medica* and hold it in our mind only by its relation to the healthy human body.—J. B. S. KING, M.D.

It is a curious fact that the text of *Materia Medica*, written a century ago, should so clearly point to the symptoms of diseases of today, that our modern nomenclature fits perfectly into that old symptomatology and its language.

Heredity is recognized as a leading factor in practical medicine. Homœopathy accepts this factor in a yet more practical way. It sees the individual patient exactly as he is, and whether the condition in hand is due to heredity, important as this may be, it is quite secondary to *the condition in itself*.

With adult cases a careful history from birth must be analyzed. Physical defects of infancy and childhood, with their origin, are studied. If early abnormal conditions were not discerned, or on the other hand, were improperly cared for, the facts are of great significance in our scheme of treatment.

The demand for physicians who understand and practice homœopathy is constant, and will increase with the excellence of the supply. While the dominant school in some countries discourages, and by public appeal seeks to dissuade students from entering the profession of medicine,

the homœopathic school sees an ever widening field for the homœopathic physician.

The distinctive ability of a physician enables him to discern precisely that which drugs do or do not accomplish. Just how and why a given prescription was right or wrong he must know by virtue of his position, and by the quality of his training for that position. This ability cannot thrive if deliberate and untiring scrutiny and study of the patient's progress does not follow the medication, and unless with the latter no interference whatever is made while results are what they should be.

As to the application of remedies to persons of disordered health, that is the task for the physician who is fully well educated in the principles of homœopathy. He will teach his patients what they should know—what it is necessary and important for them to know, but it ought always to be remembered that the patient himself may not employ safely the medicines in the manner of allopathy ; as, for instance, this remedy for headache, that for neuralgia, and so on, unless the selection is made by the physician.

While many who wrongfully take the name of homœopathist try to belittle Hahnemann's medical philosophy—without knowing anything about it—there are those among the more advanced allopathists who are acknowledging its truths, but without knowing that they are so doing.

GEORGE H. CLARKE, M.D.

The science of pure homœopathy is master of the whole field of pathology, and easily covers, with its far-reaching principles, the very latest findings of working scholars.

Pathology embraces the field of human abnormality. This is the practical meaning of the word, whatever its narrow technical one. It must be remembered that instruments of measurement for vital phenomena are comparatively crude. Morbid anatomy may be the unquestioned fact in some cases, while in others, even though the morbid state be obvious, the question whether it is limited to anatomy may not be settled *antemortem* or even by *postmortem*.

Two questions confront the practical therapist throughout his career. These questions relate directly to the distinctive position of the school which flourishes because it maintains the Law of Similars. Every prescriber entertains both questions, though it may be that he does it unaware.

Shall I prescribe on the basis of the diagnosis ?

Shall I prescribe according to the totality of symptoms ?

One decision permits exclusion of the diagnosis as a dominant factor, ranking it as a single objective symptom ; the other conclusion depends for guidance upon the diagnosis and, therefore, necessarily excludes symptoms to greater or less extent.

A patient once said to his physician, "I don't care about anything in medicine but diagnosis. I want a doctor who can tell me what is the matter. That's all there is to it." This man had never been very ill in his life, but he was fond of good round names of diseases. A few years later he was delayed in some important engineering on a large contract, by the combination of gout and sciatica. The consultant agreed with the attending physician in his diagnosis, and cheerfully asked the patient if the decision was satisfactory to him. "No !" he shouted, "what I want is relief !"

Hahnemann's theory of chronic diseases has given us remedies which can claim to have brought about many cures (of cancers and malignant diseases).—ANTON NEBEL, M.D.

We approach our problems of pathology, through the knowledge of the power of remedies to construct, not through their power to destroy. Massive doses of drugs or even small doses of them administered on the antipathic or the heteropathic principle bear no resemblance whatever in their mission to the homœopathic *simillimum*. The statistics of morality from heart disease, pneumonia, cancer, and tuberculosis leave no doubt in the mind as to the futility of a false approach.

Homœopathy is mercifully prepared to control the inroads of disease from earliest inception. Proving illustrates the precise needs of the patient from the very beginnings

of his disturbed health, when vitality gives delicate warnings of what is taking place. This is most reassuring to the clinician, who is able to recognize the true correspondence between the symptoms belonging to the patient and those belonging to the remedy ; *for this correspondence is the most wonderful thing in all medicine.* It is the one thing we are permitted to recognize and profit by without the self-imposed task—if, indeed, it were not arrogance—to solve its mystery and so give our mistaken exegesis primary place. Rather, we are permitted to watch that wonderful reaction of the organism back to health by an immutable law.

No real cure can take place without a strict particular treatment (individualization) of each case of disease

—HAHNEMANN.

Requirements of science, art, and practical management having been met as completely as recognized, there still remains a fourth sense, so speak, which must be satisfied. It is the right spirit that must meet the problem. It is what raises a painter artist above the mediocre and gives him a distinction that insures superiority. And where is the quality of superiority more in demand than in the healing art !

The principles taught by Hahnemann and Hering, and in later times by Dunham and Farrington, are as applicable now as they were when first promulgated and practiced.

—CHARLES MOHR, M.D.

Homœopathy has suffered no more and no less from misapprehension than other matters of human importance. Indeed, considering the good it has wrought, it has doubtless met with more favor from all classes of people than the average popular consideration of any other topics.

At its introduction it was welcomed as a refuge from the objectionable features of dominating medicine, much as it is now, though it had not then to combat multifarious doctrines of imposed immunity, anaphylaxis, vaccine and serum treatment, crude preventative medicine, so-called, and various other movements and methods mist termed medical progress. In fact, its early history indicates there were

more open minds and reasonable thinkers to examine and approve homœopathy than could be expected, considering its novelty in all respects when compared with prevalent practice of recognized medicine. In fact, there were perhaps more thinkers then than there are today. With all our so-called advance in the arts and sciences, the number of real thinkers is by no means large. Most men prefer not to think. Amusement is what is wanted. And so at the present time what is not understood at all or measured in any way is more readily accepted because some one else does the thinking and the deciding. Bodies are submitted for mutilation of organs, or their extirpation, for the introduction of virus that in many cases is warranted to prevent future illness from disease to which the subject may never be exposed.

And so on *ad infinitum*. And so with all this brilliant array of glamorous untruth the mildness and comfort of homœopathy makes no particular appeal in comparison. However, this is only one and the worst side of the truthful picture. There are families, generations of which have kept close to homœopathy not only with loyalty and with appreciation, but also with a keen knowledge of it to their own interest and advantage.

The inquiry seems to be entirely pertinent as to what takes place eventually when a condition is wrongly treated. It is possible to relieve a local discomfort, sometimes quickly, and at the same time implant wrong tendencies that later crop out into serious disturbance. It is not only necessary to determine what agent will give relief, but also what agent will leave no bad after-effects. It may be safely said that the majority of miscalled cures by wrong methods culminate in disorder worse than the initial one, and this ought to teach anybody that prescribing must be done on the highest and best principle. never experimentally or hit-or-miss.

—The Homœopathic Recorder,
Vol. LVII., No. II.

APOPLEXY

By DR. HAUKE, *Berlin*

Arnica 3 × is able to absorb blood extravasations. During attack it may be alternated with or followed by *Belladonna* especially in fullblooded persons. It is also valuable when paralysis follows, but must be given for a long time in higher potency.

Belladonna 4 × to 6 ×: Face very red; conjunctivitis; brilliant eyes; pupils dilated. Illusions and hallucinations.

China 3 ×: Patient is weak and exhausted, anemic, has congestions to brain. In similar conditions of the aged where all organic functions are weakened *Arsenicum* 5 × and higher is helpful, but must follow other indicated remedies.

Coffea 3 × to 6 × has emotions followed by intense sensory irritability and insomnia.

Gelsemium 4 × to 6 × when apoplexy is due to nervous exhaustion. Paralysis of upper eyelids with speech interference and dark-red face. Motion of eyes is painful.

Glonoinum 6 ×: Brain congestion (in patients who have had slight attacks), with pulsating temporal arteries and vertigo. Sensation as if brain were flapping loosely around, worse from shaking head.

Hyoscyamus 3 × to 6 × is indicated in apoplexy where patient cries out when falling, with twitching, followed by snoring, and rattling in throat.

Nux vomica 4× and higher is indicated in apoplexy of drinkers, after errors in diet ; hemorrhoids. The attack is often preceded by headache and head noises. Paralysis in organs of deglutition ; lower extremities are cold and numb.

Opium 4× to 6× has deeply red face, deep sleep in which even loud noises do not disturb ; loud snoring, and upon awakening beclouded sensorium with usually dilated pupils. Before attack : vertigo, insomnia, agitated circulation and general heat.

Phosphorus 6× and higher : in lung edema ; overcomes quickest brain congestion, thus preventing renewed cerebral hemorrhage.

Tartarus emeticus 4× to 6× : Patient is unconscious, has rattling respiration with danger of asphyxiation. It also can absorb smaller hemorrhages.

For remaining paralyses :

Causticum 6× and higher : paralysis of muscles of extremities and face ; patient gropes for the right words.

Cuprum metallicum 6× and higher : Stiffness of crooked joints which can not be bent. Choreic jerking.

Plumbum metallicum 6× and higher : Similar to Cuprum, only the muscle atrophy of the afflicted side is more pronounced.

Zincum metallicum 6× and higher : is indicated when Cuprum seems to be insufficient. Prominent indications are : formication, worse from rubbing and pressure ; trembling vibration all through body.

—The Jl. of Am. Inst. of Homœopathy.
vol. XXXV., No. 5.

SYPHILIS : A COMPARATIVE STUDY OF DIAGNOSIS AND CURE

C. P. BRYANT, M. D.

(Contd. from p. 415).

Again, we find in The Organon, Vol. II. pp. 341-342, two interesting cases by Dr. Constantine Lippe, of New York :

Patient, 20 years of age, contracted syphilis. First cauterized chancre. At time of reporting penis was enormously swollen, and a chancre on the glans. No pain. Gave *Cinnab. 200*. Patient reported three days later, at which time swelling of penis had not diminished, and chancre was like a cauliflower excrescence, over half an inch in diameter ; it was *red, smooth and glistening*. No pain at all. Gave *Lac-can 30*, a powder every four hours. In a week there appeared two more small chancres, deep, sharp edges, clean, and with same shining appearance. *Lac-can. CM* (Fincke) one dose was given, and in ten days there was nothing to be seen but a small scar.

Another patient, aged 50, had had syphilis 25 years before, stating that he first discovered a small sore at entrance of urethra and went to a doctor ; for two months he kept getting worse until, at time of reporting to Doctor Lippe, the prepuce was involved for about an eighth of an inch, and the parts of the glans penis around the urethra were

an open ulcer exhaling the most fetid smell, with most excruciating pain; hemorrhages at ten every evening and during the day when removing dressing; had constant desire to urinate, accompanied with intense pain; had not slept for fortnight. Found on washing off part of the dressing that *red, glistening appearance*, and *Lac-can 30* was given in water, a dose every three hours, with immediate benefit. *Lac-can*, in different potencies, was the only remedy used in this case, except one dose of *Ledum* for syphilitic rheumatism of the right foot; *the pains always shot up from the foot to the knee, never downwards*. In two weeks the chancre had completely healed. *The red, glistening appearance is characteristic of Lac Canninum in any ulceration.*

THERAPEUTICS

The indications for some of the outstanding homeopathic remedies are :

Arsenicum : Used in crude form by the regular school as the arsphenomines, is indicated in homeopathic prescribing mostly in the late stage of syphilis when there is great emaciation and debility; dry, scaly eruptions; gangrene; patient restless, anxious, apprehensive; prefers cold foods; is aggravated at night, especially midnight,

Asafetida : Tertiary syphilis of long bones, especially after the abuse of mercury; gummatus deposits; jerking, drawing in the limbs, worse at night; ulcers of the skin with thin, fetid ichorus discharge; sensitive to touch.

Aurum Metallicum : After abuse of mercury where it is invaluable in mercurial syphilitic patients, especially bones of the nose and flat bones ; necrosis, especially of the nasal palatine, mastoid and ossicular bones, characterized by ozena ; pains are boring, aggravated at night ; very sensitive to touch.

Carbo Animalis : Copper colored eruption, especially on the face ; adenopathy in various parts of the body, the glands being indurated. Cyanosis of hands and feet.

Carbo Veg : Putrid ulcers ; bleed easily ; burn ; copper colored ; great debility.

Hepar Sulp ; Especially after abuse of arsenic or mercury Ulcers extremely sensitive to touch ; pains worse at night and from pressure.

Kali Bichromicum : Syphilitic ulceration of the facies, copper red in color ; ulcers have the appearance of being punched out, scaly patches on the tongue ; sticky, stringy mucus coughed up with great difficulty ; foul caries of the bones of the nose ; syphilitic laryngitis ; hoarse, barking cough ; nodes under the scalp. (Guntz of Berlin has reported wonderful cures with this remedy.)

Mezereum : Arsenic or mercurial syphilis, affecting periosteum ; intense burning pains in bones, worse at night ; exostosis ; ozena ; throat sore ; facies dark red ; burning sensation and rawness extending into the pharynx.

Nitric Acid : After abuse of arsenic or mercury in syphilitics ; probably of little value in syphilitics

where mercury or arsenic have not been abused ; secondary syphilides, especially of the face ; ulcers are gray in color ; with diverted edges and bleed readily ; offensive, acrid ; splinterlike pains; bleeding fissures in corners of mouth ; fetid breath ; mucous patches covered with well marked white deposit.

Phytolacca : Primary and secondary stages; periostitis ; angina ; rheumatic pains, worse at night and in damp weather ; nodes on tibia.

Staphysagria : Secondary syphilis; pains; swelling, even suppuration of bones and periosteum.

Stillingia : Especially long bones; worse at night; ulcers, dark red, forming crusts ; cervical adenopathy.

Sulphur : Tertiary stage ; copper colored spots on forehead; persistent, indurated, bulbous.

Mercurius V. and *Kali Iod.* are too well known to necessitate specific indications. *Mercurius* has been largely replaced by arsenic in the regular school treatment. Yet *Mercurius* under homeopathic indications is more often curative in the primary stages than any other remedy, by virtue of its specific relation to the complaint. Most homeopathic writers contend that a final cure will result only after a course of this metal in this form.

Kali Iod. is of greater value in the *late* secondary and tertiary stages; useless in the primary stage. and particularly so in the secondary, although exceptions occur. It is especially indicated in all the tertiary stages,—violent headache with hard lumps on the head ; alopecia ; roseola; papular and pustular eruptions on the face, scalp and back, that on

healing leave a cicatrix, accompanied by ulceration of the nasal bones ; ozena with greenish yellow, exhausting discharge ; ulcers eating deeply into the tissues, leaving large scars ; gummatous infiltrations having no fluctuations with a doughy feeling, with throbbing, gnawing, burning, boring pains, worse at night ; general adenopathy.

CONCLUSION

In conclusion, the question uppermost is—"Does one cure syphilis?" In homeopathy, through proven cases, the answer is definitely "yes", while in allopathy we have the statement of Stokes that although syphilitic patients treated by regular school medicines had had repeated examinations and tests, which were negative for years and physicians had assured them that no further treatments or tests were necessary, yet aortitis developed,—Stokes commenting that this specifically contradicts any statement that a cure had been effected.

It is interesting to note that William A. Hinton, M. D., Chief of Wassermann Laboratory, State Department of Public Health, Boston, Massachusetts in an address before the Massachusetts Osteopathic Society, Boston, January 13, 1940, made a number of enlightening revelations in which he pointed out that the disease often cures itself ; that it may cease to be infectious without treatment and that no test is 100 per cent specific. He said in part :

".....in a large majority of cases of acquired syphilis, eventual recovery occurs spontaneously.

By this I mean that syphilis, unaided by treatment, can and often does cure itself, and in this sense is commonly a self-limited disease. This statement is revolutionary if compared with the generally held opinions of even 15 years ago, when a leading American authority, Dr. John A. Stokes, said that 'spontaneous cure is a rare occurrence' (Moore). Bruusgaard's study (published in 1929) laid the foundation for a belief in the predominance of spontaneous recovery in syphilis. Very briefly, his investigation showed that of 473 patients who had received no treatment or practically none, only about 25 per cent were significantly injured by the disease (i.e., developed cardiovascular or neurosyphilis) or killed by it; and, with the exception of approximately an additional 12 per cent who had late benign syphilis, all the others, about 63 per cent, were unharmed by the disease. The figures would indicate that from two-thirds to three-fourths of the infected recover without treatment. Such a conclusion has been upheld by our own observations made during a comparison of the Hinton test with the Wassermann and Kahn tests at the Peter Bent Brigham Hospital in Boston."

According to Dr. Paul A. Leary, head of the dermatology section of Mayo Hospital at Rochester, Minn., in a statement made before the Worcester (Mass.) District Dental Society in May, 1938, the Wassermann test "has not proved adequate," and the State laws which prohibit persons with positive Wassermann tests from marrying are "doing an

injustice to the individual and the community." He also said :

"Many persons with a positive Wassermann test year after year are no danger to their family, their children or the community, whereas many with a persistently negative reaction are menaces. Only the most careful medical study reveals these differences and no law can be written, on the basis of present medical knowledge, which would attain the goal sought." One-third of those contracting the disease are "cured spontaneously," often without medical aid, through defence mechanisms, according to Dr. Leary. Another third, he said, "get only a mild reaction," and the rest "are those suffering all the horrible effects,"

Alexis Carrel makes the statement that "allopathic treatment has not mastered disease—disease has simply changed." "Here again is proof of the superiority of the results obtained by careful homœopathic prescribing in contradistinction to the results described by Stokes and other eminent allopathic authorities.

—The Journal of American Institute of Homœopathy,
Vol. XXXV, No. 4.

PSYCHOLOGY AND PSYCHICAL RESEARCH IN HOMŒOPATHY.

[KAMAL KUMAR SANYAL, B. A., M. H. S.].

Homœopathy is par excellence the science of psychology as applied to the proper understanding of the disorders of mankind and their rational treatment. In thus having a back-ground of psychology Homœopathy has no doubt taken an intelligent lead in the correct diagnosis of psychopathological ills which "human flesh is heir to." But if Homœopathy is to maintain and strengthen its hold as a superior therapeutic science the time has come when it must revise some of its conclusions and adapt them to the growing researches in the scientific world. We Homœopaths should not adopt "the philosophy of ostrich" and refuse to put an eye to the telescope for fear of the seeing things that had no "official" right to exist. The researches in the domain of Applied Psychology during the first half of twentieth century has shed light on the hitherto hidden recesses of the human mind and solved to some extent the intricacies of its abnormal manifestation and development. In the light of the above we must boldly face the facts, examine them critically and search out the truth and incorporate them in our own science.

Master Hahnemann, has put down in his 'Organon' certain rules of investigation which a

physician should follow in order to learn the factors "which have tended to increase his (patient's) malady or in how far they may favour or hinder the treatment." Amongst them the state of disposition and mind is one of the most important and it must be attended to, to learn whether that presents any obstacle to the treatment or requires to be directed, encouraged or modified. This is the most important part of the whole statement and we must discuss and illucidate it in the light of modern psychical researches.

We have been rightly taught that a spiritual vital force animates our material body and retains all its component units in harmonious co-operation with a view to enable the mind to work this healthy instrument for some higher and nobler purpose of life. Our personality is thus not merely a synthesis and integration of diverse functions but there is also implied in it a higher unity of the self which is conative and purposive. But "it is a unity", as Dr. T. W. Mitchell asserts, "which is not given in the structure of the mind but is something that the self can aspire to and it may by struggle attain." In the struggle towards this ideal, character is formed, and when such unity as may have been attained is disrupted, the resulting change in personality will reveal itself as a change in character and conduct—"Medical Psychology and Psychical Research." In order to fully comprehend the real significance of this most remarkable statement of Dr. Mictchell and of Hahnemannian conception of life we must have a clear view of

what human nature and character essentially is. At the back of human nature there are no doubt certain organic appetites and instinct-emotions. But man's character is not, for all practical purposes, essentially instinctive. In the gradual evolution of society and morals from the dark ages to the present time man has learnt to clothe his instincts in various forms and garbs. By training, experience, and reasoning, modern man has acquired diverse methods of expressing his want and trying to satisfy it. Thus, if a modern man is angry with another, instead of making an instinctive physical attack upon him like his savage ancestor he may take to other subtle ways of injuring him : he may spread scandal about him, he may put obstacles in his business life or he may do other things which are likely to injure his career.* Through such experiences, reasoning and training the instinctive impulses become confirmed in certain directions, become fixed upon certain subjects and in certain modes of seeking their goals ; or in this way the great sentiments of love, hate, liking, disliking are formed. But if an unitary personality is to be achieved the various sentiments must be brought into one system within which their impulses shall be harmonised in such a way by a great master, sentiment, that the reason-gifted mind works the healthy instrument for some higher and nobler purpose. Necessarily it then follows as a corollary that when the human mind goes out of gear it becomes the unceasing battle-ground of these instincts and

* [Cf. A. E. Mander's "Psychology For Everyman", p. 11.—Editor.]

sentiments which overthrows the supremacy of the reason-gifted mind and carry those internecine warfares perpetually amongst themselves to the detriment to the whole organism. "The crude sex-impulse may be in conflict with romantic idealism or ideas of morality : the egoistic desire for success and prosperity in this world may come into conflict with the social impulses of altruism ; the lack of outlet for a moral sex-instinct may warp the old maid or the old bachelor." In war the instinct of fear and the desire for safety and comfort is in conflict in the mind of soldiers with their ideas of honour, civic sense and sense of patriotic duty and the result shows itself in the development of a vast number of war neuroses.

In order to make my position clear I shall quote several instances from different authors. Dr. Gordon in his book "The Neurotic Personality" quotes a case of a youngman who came back to England after the war with paralysis of one hand ; the fingers were held stiffly out and he could not work-a-fact which gave him the greatest anxiety. He had been a prisoner in Germany and the paralysis dated from a day when a heavy piece of iron fell on his hand. Five minutes explanation and suggestion cured him. The explanation was as follows : "The man was reacting against his work in the prisoner's camp, consciously ; he hated working for the enemies of his country and the work itself was hard and unpleasant and there was the unconscious desire of putting up some false pretext for stopping the work : and this pretext showed itself in paralysis."

The second case is from Mac.Dougall's "Outline of Abnormal Psychology."—"A Canadian farmer from the far west who had proved his mettle by volunteering for war service, was sent to the hospital with a peculiar kind of amnesia or loss of memory. He could tell nothing about Canada except that he had been told that it takes three days to go there. He said that he lived on a farm but can not describe it or explain what a farm is, except to say that it is where there are not many houses ; he could not describe a plough ; shown a picture of a donkey he calls it a horse ; of fox, says it is like a dog but different ; of a lion, like a dog also, etc. Tells me that he can not look at war picture in Newspaper". But this amnesia did not affect experiences : as that of a love matter with a woman with whom he came in contact when he was in a hospital in London. Dr. Mac.Dougall tried hypnosis but it did not prove satisfactory. He then explained to him that the reason he could not recover memory was that his horror of what he has seen prevented him from remembering and that it was absolutely necessary to remember those things. "You must face them" impressed the Dr. upon him "or you will never be well and the sooner, the better." A few minutes after this conversation the patient came up excitedly to the Dr. and said "Did I tell you about the machine-gun man?" And he described vividly with gestures a scene in the trenches. With a little encouragement the scene developed and he described freely a long train of exciting incidents for about 15 minutes. Then the

Dr. stopped him and said, "Now tell me about your home." For about 30 seconds the soldier hesitated; evidently there was an inward acute conflict going on. Then he poured out a flood of recollections of his home life in Canada. It then appeared that the amnesia set in shortly after an incident during a prolonged heavy bombardment in which his chum was wounded. The horror of the trenches was potent cause of repression in the mind of the soldier and there was a second cause and that was domestic complications.

The third case is from Dr. E. Bagby's—"The Etiology of Phobias". A man of 55 years had suffered since early boyhood a fear of being seized from behind. When on the street he was impelled frequently to look back over his shoulder; and when indoors he preferred to sit with his back against a wall. In his 55th year he returned to the town of his childhood and incidentally paid a visit to the neighbour who had kept the same grocery shop since the patient's childhood. In the course of conversation on early experiences the grocer said "you used to go by this store in errands and when you passed you often took a handful of peanuts from the stand in front. One day I saw you coming and hid behind a barrel. Just as you put your hand in the pile of peanuts I jumped out and grabbed you from behind. You screamed and fell fainting on the side wall." The incident, we are told, was then recollected by the patient, and the phobia after a period of readjustment disappeared.

Dr. Rivers also cites a case of claustrophobia, i. e. fear of closed spaces, in a Doctor which he traced to some early experiences of the Doctor in his childhood. Singular that from the moment of recollection the irrational fear of closed spaces became less and his general conditions improved. The forgotten experience of rather I must say repressed experience of childhood was the cause of the troubles of later years in both cases..

To return to our original thesis: The above cases show clearly on the one hand that conflict of sentiments and instincts destroys the cohesion of mind and sow the seeds of mental and nervous breakdown; on the other hand it brings to light another factor of no less importance in destroying an unitary personality, and that is "repression". Conflict and Repression make an unholy alliance in every human breast before throwing him or her into the fire of hell. Our conscious mind is but a fragment of our whole existence. Behind the conscious mind there is the great world of the 'unconscious' which is a vast lumber room of memories forgotten unwillingly or forcibly forced out of unconsciousness. of ideas and feelings that we have deliberately thrust out of our consciousness as undesirable elements, lusts, appetites hatreds that have been driven underground as they are found to be incompatible with our ideas of morality, justice and social convention. But within the 'unconscious' these repressed tendencies are always on the alert to wreak vengeance, for which purpose they assume various false devices for fear of being

detected and hence we get the various symptoms ; as the paralysis in the first case of Dr. Mac.Dougall, fear of closed space in the case of Dr. Rivers. It will not suffice merely to give Arnica, Causticum, Sul. in the first case, or Medorrhinum, Thuja, Nat. mur, etc. in the second case ; or Argent nit, Sul, Lach or Puls in the third case according to the totality of symptoms ; you must drive deep beyond the surface, try to learn the intricate workings of the patient's psychology in the light of the above researches and then to find out if "the state of disposition and mind presents any obstacle to the treatment or require to be modified, directed or encouraged" If we have thus equipped ourselves with all the advances in modern science, we will be competent enough to tackle every psychical case and proclaim ourselves as followers of Samuel Hahnemann and learn the true import of his teachings.

It is very difficult to do full justice to my subject within this short paper.

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GERIATRICS*

DR. AUGUSTO VINGALS

FAILING MEMORY

One of the more constant phenomena of old age is the diminution or failure of memory, remembering remote events, but forgetting : where did I lay that book ? where are the scissors ? etc.;

* Translated from *Medicina Homœopathica* for Dec. 1938 by S. W. Staads, M.D.

absence of intellect. *Baryta carbonica* 30 or 200 is indeed the friend of such old people, especially if they are of the obese type. Other remedies for this condition are: *Anacardium*, which cannot remember the names of friends; cannot find the adequate word; cannot fix attention; is inclined to hypochondriasis. *Glonoinum* forgets the streets which he knows so well. *Natrum muriaticum* weeps because he cannot remember the story he started to tell. *Cocculus*, *Zincum*, *Kali phosphoricum* and others also have this altered memory.

MENTAL SYMPTOMS

In the aged there appear mental perturbations which require the study of many remedies in order to find the *simillimum* for each case. Here we sometimes meet a woman who formerly was very particular about everything, who did not allow a piece of furniture to be out of its place, etc.; she had become careless, even indifferent to everything, at times including her feeling toward her family, until *Sepia* 200 changed the entire picture. Other patients become irascible, and some turn hypochondriacal or jealous of their friends or neighbors, and embitter life with sad presentiments. *Ignatia*, *Hyoscyamus* and *Phosphoricum acidum* have many times restored the tranquillity of the disturbed internal ego.

ASTHMATIC AFFECTIONS

Asthmatic affections are found in old people and in those who have aged prematurely. One time it is "cardiac asthma" which makes us think

of *Adonis vernalis*, which has irregular action from a weak heart; *Digitalis* has the very slow pulse; *Cratægus* is a great heart tonic. Again it may be a "cardio-renal asthma" with uremia, which is relieved by *Strophanthus* and *Apocynum* in low potency.

In many cases we find asthma associated with a bronchitis: humid asthma relieved by much expectoration, where *Senega*, *Tartarus* and sometimes *Carbo vegetabilis* are of much service. Dr. Cartier recommends in alternation *Naphthalinum* 6 and *Grindelia* 6 to help the tenacious expectoration, dyspnoea and poor circulation. And in how many cases of senile asthma proper in which dyspnoea is caused by pulmonary arteriosclerosis has *Baryta carbonica* or *muratica* admirably complemented *Tartarus* in pulmonary paralysis of the aged!

Arsenicum is indicated in these periodic asthmatic attacks at midnight, or early around 3 o'clock. *Natrum sulphuricum* comes in question where attacks are worse when the weather changes from dry to damp, or at the seashore. Dr. Jones of Buffalo recommends in alternation *Gelsemium* and *Sumbul* eight drops in a tablespoonful of hot water every fifteen minutes, and states this has never failed him when given at the beginning of the attack.

CATARACT

I am not claiming that all such cases can be cured by homœopathy, but as their evolution can be retarded many times, so also an acceptable improvement is possible. *Calcarea fluorica* 6, ac-

cording to Schuessler, is the chief remedy with its marked action on the crystalline tissues. *Calcareo carbonica* 30 and 200 is for hard cataract in the beginning, the phagoscclerosis type, with concentric opacity. *Phosphorus* has a cloudy film or nucleus, and patients have better vision in dim light. *Euphrasia* one drop in boiled water for external use, and internally in low potency, is indicated in capsular opacity. *Colocynthis* is helpful in soft cataract.

Cannabis sativa is of advantage in corneal opacity, and where there is painful pressure in the orbit from front to back. The *Causticum* patient rubs the eye to relieve the pressure.

Secale is indicated in cataract with fine peripheral filaments, while *Natrum muriaticum* has irregularly distributed peripheral striæ. *Magnesia carbonica* has cataract with large irregularly distributed striæ, thick at the base ; can see best in bright daylight.

Cineraria maritima has been much recommended for external application, one or two drops instilled (quite painful), but I have never seen any real cure from it. Nevertheless I believe that in some cases it may aid the action of the internal remedy. The *simillimum* must be chosen conscientiously, properly individualized, as also applies to *Conium*, *Euphrasia*, *Naphthalinum*, *Silica*, *Sepia*, *Thiosinaminum* and many others which, chosen according to their particular indication, can aid and relieve in many cases.

URINARY APPARATUS

Another of the old people's nightmares is the loss of bladder control, when the urine escapes

involuntary, and the bladder feels full, not relieved by urination : *Gelsemium* and *Causticum* in various potencies and repetitions, and *Equisetum hyemale* tincture in frequent doses is of advantage in most cases.

Frequent night micturition in the aged, *Causticum* 30 ; frequent micturition of small quantities, *Kali phosphoricum* ; if the urine is of strong odor like horse urine, *Benzoicum acidum* ; if of violet odor, *Terebinthina* ; fishy odor, *Uranium nitricum*. If urine escapes while coughing, walking, or while passing flatus, or in bed, *Pulsatilla*, *Verbascum*, etc.

HÆMATURIA

If blood is arterial, think of *Trillium* and *Ipecacuanha*, and in some cases *Millefolium* ; if it is venous, *Hamamelis* and *Pulsatilla*. If due to cystitis, *Uva ursi*, *Thlaspi bursa pastoris*, as also *Solidago* and *Senecio*. If of renal cause with tenesmus, *Terebinthina* is a valuable remedy. In frequent hæmaturia we must think of bladder polypi, in which *Teucrium*, *Thuja* and *Phosphorus* work marvelously ; or it may be due to neoplasm, which is always grave.

PROSTATIA

In acute inflammation with tenesmus, *Pulsatilla*, and *Ferrum phosphoricum* are the most valuable remedies, as also *Selenium* in the chronic form.

In beginning prostatic hypertrophy with some inflammation and urinary disturbance *Sabal serrulata* 3x. produces a splendid effect, hence it has been called the "homœopathic catheter" because

it acts quickly and markedly on congestion. *Ferrum picricum* follows it importantly. Do not forget *Calcarea fluorica* 6x. and *Equisetum hyemale* tincture, often indicated in hypertrophy of medium severity. If there is no undoubted improvement, or if there is advanced sclerosis, we must think of the deep acting remedies such as *Baryta carbonica* 200 or *Conium* 1m. Often there may be an adenoma or tumor of grave origin.

IN SUMMA : Homœopathy has much to offer in such cases, and various remedies demanding deep study of our incomparable *Materia Medica Pura*, the proper application of which, with individualization in each case, gains much and many acceptable cures.

CIRCULATORY SYSTEM.

Many are the circulatory disturbances : one time there is marked chest oppression with the sensation as if the heart were squeezed with an iron hand, in which case *Cactus* is the indicated remedy. Another time we find an irritable heart action and somewhat trembling palpitation ; here *Cratægus* in tincture or low potency should be given, which calms the nerves and sustains the heart.

After the menopause many women get œdematous swelling of the ankles from defective circulation : *Apis mellifica* 3 is the remedy if also indicated by other symptoms. In other cases we are consulted for involuntary escaping of urine while coughing, laughing or sneezing, for which *Causticum* 30 is simply marvelous. Where we find cramps in legs, especially when lying down, we have a good

friend in *Magnesia phosphorica* 6x ; when aged patients complain of much burning of feet as soon as they are in bed, so they have to stick them out from under the covers to cool them, there *Sulphur* is a grand remedy.

VERTIGO, PRURITIS SENILIS AND SENILE GANGRENE.

Endless are the habitual indispositions which molest the aged, of which vertigo is the greatest, and in which homœopathy gains fine laurels through *Tabacum* and *Ferrum*.

Pruritis is at times mild, but it may also become a torture, which is often nicely relieved by *Dolichos pruriens* and *Fagopyrum esculentum*. In other cases *Croton tiglium* or *Mezereum* may be indicated by other symptoms ; we must also remember our remedies of more general action like *Arsenicum*, *Baryta carbonica*, *Carbo vegetabilis*, *Conium* and *Sulphur*. Yet there are admittedly cases where all remedies fail.

Senile gangrene, the graver condition, most frequently affects the great toe, is often cured astonishingly quickly by *Secale cornutum*, which is the perfect *simillimum*.

ARTERIAL HYPERTENSION

Our materia medica has many indicated remedies for this trouble, of which *Aconitum* 6 heads the list for the acute condition with the hard, quick and rapid pulse so characteristic for this remedy. It has been called the "homœopathic lancet". *Viscum album*, *Ethyl alcohol* and other medicaments selected according to individual indications should be pres-

cribed until the physician sees the expected results. It is not always easy to determine when to stop.

When the tunica media of the arteries is damaged, *Baryta carbonica* 30 or *Baryta muriatica* 20 prove to be the grand friends of the aged with hypertension, as Hahnemann's marvelous sagacity bequeathed to us in the so precious pathogenesis.

APOPLEXY

To prevent this justly feared condition in our elderly patients *Arnica montana* is a most valuable remedy in connection with proper diet.

The preliminary symptoms in some cases are : inclination to exaggerated laughing over an unimportant joke or without any motive. Or there are present congestion to the head, vertigo with inclination to fall forward ; or flushes run from head to feet ; light flashes or darkness before the eyes are present, and here *Veratrum viride* 2x., a few globules on the tongue every time such symptoms occur, are a powerful aid. Many times a single dose will end such conditions, and as soon as possible a remedy for the totality of the symptoms must be selected.

During an attack *Ferrum phosphoricum*, *Baryta carbonica*, *Arnica*, *Opium*, etc., according to the case, may be indicated and remove the danger. And finally *Kali muriaticum* and *Arnica* in hourly alternation facilitate the absorption of the exudate. Some authorities recommend *Phosphorus*.

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RELATA REFERO.

The All-India Medical Conference which was to be held during the X'mas 1942, in Patna, will be held, I understand, during the Easter holidays.

* * *

Hierarchs of Homœopathy could not yet announce any such annual function this year.

* * *

Bengal's homœopathic arena is bristled with too many aspirants to hierarchy, and, like too many cooks spoiling the broth, it only serves to narrow down Homœopathy and enlarge personal animus.

* * *

On the morning of the 13th. November 1942, Mr. T. I. M. Nuraanabi Choudhuri, I. C. S., Secretary the Government of Bengal, Public Health and L. S. G. Department, graced the authorities of the Bengal Allen Homœopathic Medical College & Hospital, Calcutta, by paying a visit to this institution.

* * *

Hoping against hopes, can the Homœopathic practitioners presume that this visit is a prelude to the implementing of Faculty and General Council of Homœopathic Medicine ?

"Observateur"

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সমূহের প্রাঞ্জল ও অবিকৃত অনুবাদ, ২৮৪ পৃষ্ঠা, মূল্য ১৯।০।

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„ „ সংক্ষিপ্ত, ৬ষ্ঠ সংস্করণ, ২৫০ পৃষ্ঠা, মূল্য ৮০ আনা।

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दानविधि— „ „ „ ६४ „ १० आना ।

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हिन्दी ।

व्यवसायो—मूल्य १।

देवनागरी अक्षरोंमें संस्कृत पुस्तकावली

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